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THE
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PHYSICIAN

EDITOR: FRANK KRAFT, M. D.

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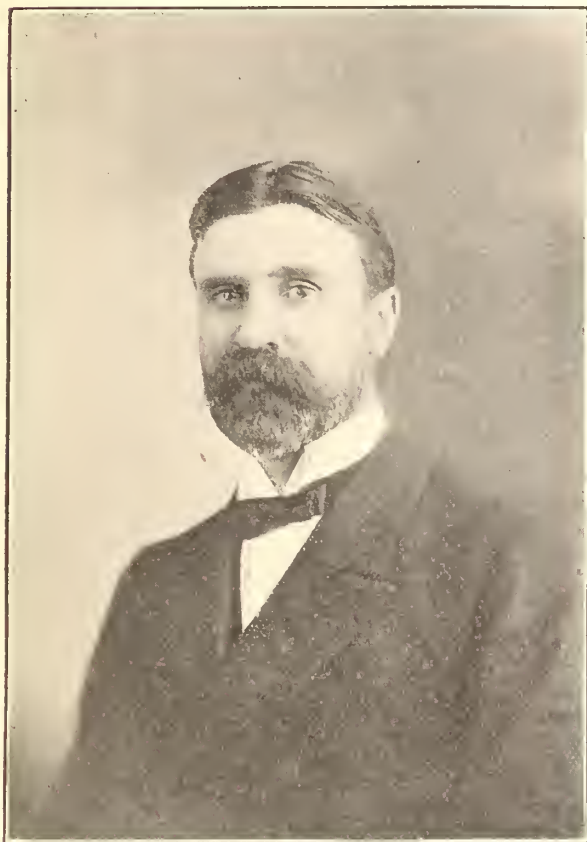
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The American Physician

JANUARY, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



STUART CLOSE, M. D.,
BROOKLYN, N. Y.

PUBLISHER'S ANNOUNCEMENT.

IT having come within the province of the publication office to profitably unite several medical journals, and there being a fair probability of enhancing the value of the combined result, with the consent of the editor of the American Homeopathist, the combination of journals and interests was consummated. The name was then a next consideration.

For some years past the cumbrous and difficult word, "Homeopathist"—a word which few, if any, of the laity are able to speak cor-

rectly, and which to-day is rarely heard in the profession itself; and, the further fact that the currently used "Homeopath" had been at one time the title of this journal, and abandoned after experiencing a bitter season of criticism, led the publishers and editor to consider the present a favorable opportunity to make a change. The Homeopathic Physician having recently suspended publication, and apparently not intending to resume its journalistic labors, the right to its name was sought. This was met with a threat of legal proceedings, and a further threat of saddling upon us all the debts of that former journal. The Physician, a recent venture, now secured by us, seemed well named; still, since it has been from the first the intention not to destroy our well-known title, but merely to simplify or, rather, to modify it, for the word "Homeopathist" is substituted the more common and far most easily spoken and suggestive "Physician," giving as the completed title THE AMERICAN PHYSICIAN.

Touching the policy of the journal, it will continue in much as heretofore; Dr. Kraft as editor; a monthly issuing; homeopathy, materia medica, therapeutics, and allied matters of professional interest; with comments and criticism upon professional advances, will constitute the future work of THE AMERICAN PHYSICIAN.

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THE ONLY PURELY.

WE have recently noticed a cover page of the Detroit Medical Journal, which among other interesting items speaks of itself as "The Only Purely Medical Magazine in North America"; and says that it contains "No Dead Wood"; that it is always "Reliable and Truthful," and so on and so on.

Once upon a time someone said that, when a man is constantly prating of his religion, clap your hand on your pocketbook; that when a woman is eternally holding up her virtue for admiration, be convinced she has none.

The modesty of this "only purely" is splendid. Where has it been hiding itself for! all these years? It will put us in a poor class, to be sure, when we admit that we had never before heard of this "only purely" and "independent

medical monthly conducted solely in the interests of the medical profession."

We should like to try the "only purely" with a rank paper on homeopathy, and watch the precipitate and dull-thudlike fall of the paper into the usual receptacle in all such cases made and provided. Or to note the celerity with which a four-hundred dollar full page ad. would be accepted with—well—not too many questions asked.

But where are the other "only purelys"? What has become of that numerous brood of St. Louis ventures which have always the greatest circulation of any other journal in the profession; those who find their way each issue to sixteen thousand physicians—by the arduous and via the wheelbarrow route?

Then there are those Chicago journals who club with cheap-dishes and pinchbeck jewelry firms and FREE gifts to readers and first-guessers of transparently dead-easy swindles, who profess to teach the purest of pure homeopathy through such contaminating media? Where do they come in?

And now, sad to relate, and, perhaps, because of the very and only pureyness of this Detroit journal (which will now take the place of many of the former unpurely but hustling journals), we have already been caused to feel the loss of one of Chicago's most elevatory journals,—one which was wont to grace our editorial table and charm our eyes and ears with its choicest of rhetoric, its heartiest of hustle, its delightful admixture of pathos and bathos, and its most grammatical of Pineo.

"No Dead Wood," said the "only purely," to be found in its pages. Neither, thank God! do we find any such in our journals. Our Wood is very much alive and active, and bent upon making the next Institute meeting in Cleveland a banner meeting, and a meeting which it is hoped and believed will tend to the reunification of the whole homeopathic profession. No, sir, we haven't any dead Wood in ourn, either.

"No Abstruse Theories" is another loud acclaim of the Detroit journal. Well, neither are these found in our homeopathic journals,—except, and this with a saving clause that perhaps this exception is not a homeopathic journal,—except when the Medical Times gives print room to Gorton and others of that depressing degree of profundity and psychic research; or when one or two of our own guild expend gray matter in showing the inherent curability of the fifty-millionth of medorrhinum, one dose, in the eradication of a lifelong case of ingrowing toenail, of the left-hand foot.

The Detroit journal deserves a great big bun, because that no medical man seems to have put his hand to that plow, or his name in large-caps across the lower front-half page as editor. This modesty talk seems to issue from the box office. This is, truly, a virtue on the part of the printers, since it is become so easy a matter,

these days, to hire an A. M. doctor to lend of his name and titles to adorn a cover page as editor.

The "only purely" is welcome to its field. We hope it may continue on and on in its onlyness and pureyness and become a true medium for making the profession better and nobler and higher and grander, so that the more eminent and successful representative of the profession who rides in his stinky gasoline auto. may be able presently to see his humbler brother who still rides shank's mare, or labors and lumbers along painfully on a bike of the vintage of '96.



THE CRITIC CRITICISED.

A DEAR good sister in the Work of the Lord —anglicé, a medical doctor—who practices in Pennsylvania, has taken of her time and paper to write us a good-tempered criticism of our English as it was written in an editorial. This is the objugated sentence, "And no one of the elect to-day questions that Hahnemann was *not* as good a Latinist as either Dr. Dudgeon or Dr. Hughes." Our dear sister says the construction reminds her of a little old German lady who, in referring to her paramount ailment, said, "In fact, there hasn't been a day but what I haven't had it." Now if we had said, before a class of well-educated medical students,—that "he had went through all the courses," etc.; or "if we done" so and so; or "give me them cakes"; we think we would lie under the allegation of bad grammar or worse, which our fair critic implies. But the excerpted paragraph above (clipped from our star editorial) has been submitted since to a number of tolerably fair grammarians—one a teacher in the high school—and they experience no doubt as to what was meant in our sarcastic sentence. Indeed, we have a hypercritical publisher, and a still more hypercritical proof-reader who would have caught any bad grammar or rhetoric, even if our own eagle eye had missed it. We would like to wager a doughnut cooked in Wesson's oil that, out of the several thousand readers of that editorial, this dear, but criticising, sister was the only one who permitted her mind to wander from the intent and purpose of the article—which was extra plain—to a consideration of the structure of one of its sentences. We do not pose as and for an expert writer or professor of English grammar or rhetoric: our mission in life is to tell the profession what they are interested in hearing, and doing it in such terse and understandable fashion that it will not require a blue print for its explanation. We fancy that there are a number of men and women in the profession who have no trouble in following our pen and in understanding it fairly well; and who do not read our journal because of the love they bear its editor. The first great desideratum for any

editor or writer is to be read; and an editor who writes nothing but gilt-edged homeopathic homilies in gilt-edged grammar—who eats nothing but vittels, who drinks nothing but liquids, who wears nothing but clothes—may hold his subscribers, until his dollar's worth of subscription is taken up; after that, however, he will find that his readers will look elsewhere for a medical journal. Yes, sister in Pennsylvania, we are poking some mild fun at you, but we mean you no harm. Our mission in the editorial chair is the study of the needs of the profession; and when we get after a wrong principle or a wrong-doing man we do not stop to split words.

♦ ♦

PROFESSIONAL SECRECY.

FROM the number of papers on this subject which have latterly found place in our exchanges, it would seem as if the question, notwithstanding the frequency of discussion, was still a debatable one. It was a warm question at the time we were passing through our senior year at college, and it continues as warm to-day—if we may judge by the tenor and temper of the articles printed. It is, however, noteworthy that the opposing sides of the question are most rigorously adhered to from two standpoints. The defender of ALL secrets is usually the practicing physician of many years' experience; while the opponent of secrecy, or the limited-confidence, is the lawyer, or the young physician who still feels that the whole created universe, Atlas-like, devolves upon his single pair of shoulders.

A physician who has studied the make-up of human nature for any considerable period of time soon reaches the conclusion that many of the things which his neighbor the lawyer, or the preacher, place upon the list of crimes, is most frequently the result of weakness inherited or acquired. Even if not so, the betrayal of a confidence is contemptible in a man, as much as tattle-tale-ing was in the boy period. No one fancies the appellation of coward or traitor.

Why has it been deemed essential to surround the medical man with laws on this subject of privileged questions, when the other professions are permitted to go free? We know that the lawyer is permitted to receive and retain the confidence of his client, though the withholding of such knowledge may send an innocent man to the gallows. The courts will not permit him to disclose the professional confidence, and punishes him with disbarment if he attempts or succeeds in so doing. The priest cannot be called upon to testify as to knowledge received in the confidences of the confessional, though the refusal to communicate his knowledge may, as in the lawyer-instance, destroy some other human being. These are facts within the knowledge of those who are observant of the affairs of life.

But when it touches the hem of the medical garment, then instantly an array of precedent is invoked to declare the necessity for the physician, under the command of the court, to disclose that which neither of the other professions need to do. It is most decidedly unfair.

It is to the everlasting credit of the profession of medicine that in but rare instances does the representative of Hippocrates step out of his eminent domain, as a receiver of confidences necessary to the restoration of the maimed or ailing body, to betray his patron. And when he does so, the law and the court notwithstanding, he falls unutterably in the estimation of his brethren, and loses, and justly, the regard of his former clientèle. There is an unwritten law which is more powerful at times than the written law. That unwritten law declares irrevocably that a man having voluntarily received a confidence must retain it, and by all possible means protect the giver of the same. That to disclose the communication, and thus bring his confidant to shame or harm, is the height of cowardliness.

It is well to bear in mind that a physician has all he can well do to attend to his own business. That when he essays the character of thief-taker he is engaging upon a line of work for which he was not graduated, for which he is not qualified, and for which others are far more competent.

We preach no disrespect to the law of the land. We are upholders of the law. But we do insist, and have from the first, that when a gentleman receives a confidence, especially if that gentleman be a physician or surgeon,—and by first intention ALL physicians and surgeons are gentlemen,—that then it becomes his duty to protect as well as heal his patient. There is, however, no requirement compelling him to accept either confidence or case. If there be a reasonable doubt in his mind as to the matter, it is his privilege to refuse acceptance of the work.

An instance in point, and that which gave rise to this paper, was the search by the Cleveland police for a man who was believed to have been "winged" by one of the officers a couple of nights previously while escaping from a porch-climbing entertainment. The officer on the "beat" of each physician made it his business, doubtlessly under orders from his superior, to ring each doctor's doorbell some time during the twenty-four hours, and ask if that doctor had a patient suffering from a pistol wound received at about such a time on such a night. What would have been the answer of any reader of these lines?

As we happen to be on good terms with our police-officer we answered his question in the Yankee fashion: Did he expect that any honorable physician would "give away" his patient in that off-hand manner? It happened, fortunately, in our parish practice where people are virtuous and law-observing, that no one of them had engaged in porch climbing, and there was

no wrench of conscience as to telling the officer the truth. But suppose that some member of one of our families,—let us say, the promising young man of a prominent lawyer, or even the equally-promising youth of the parish preacher,—had employed a passing hour in this athletic recreation, and had acquired a nasty bullet wound, what would that lawyer, or that preacher, have said to us if we had retailed the incriminating information at our front door to the first policeman that came down the pike?

Let us be reasonable in all things. If it is wrong for a lawyer or a priest to betray his patron, it must be equally so in the physician. Let the other man's ox be gored for a short period of time.

♦ ♦

THE AMERICAN MEDICINE CRITICISM.

AMERICAN MEDICINE lifts this journal out of obscurity by quoting part of an editorial on the President's case, and holding this editor up to criticism for having implied that surgery had made no progress since Garfield's murder. But the esteemed editor failed to remember that a part taken out of a document when the whole document is at hand, or unless the document is liberally stated, is unfair. A fair statement of our position would have left the criticism without foundation.

Dr. Gould has had a violent change of editorial heart from that of former pessimism to his present optimism. He has assumed, almost singly, the defense of the physicians in the President's case. He has found nothing but good in their conduct. He has had a case of benevolent cataract. And because we hazarded a difference of opinion, and so stated in our editorial, he has selected out one such paragraph to show that the American Homeopathist and its readers, and the homeopathic profession en masse, have no use for surgery.

The homeopaths have just as good surgeons as have the old school. "And of this we put ourselves upon the country." In fact, as Dr. Gould knows, for he is a reader of homeopathic literature, it has been one of our chief complaints that too much attention has been given in the past decade, in our schools, to surgery and its allied branches, and not enough to the therapeutic side.

What we said in the excerpted paragraph was about like this: The newspapers were vaunting in grandiloquent terms—during the first few days of the President's illness—what wonderful progress had been made by surgery since Garfield's time; that if the same measures of precision had been known in 1881 as now, the former President need not have died of his wound; that the X-ray machine would have promptly located his bullet and appropriate means invoked to relieve him; that the blood count was in eulogistic evidence, so that it was

possible to-day, as it was not in Garfield's time, to find, by microscopic examination and count, the condition of the blood, and thus guard against any latent source of danger; that the superior knowledge of the germ theory and its many and successful antidotes had reduced the danger from sepsis to so small a minimum as to render it practically nil.

And so on to the end of the chapter of wonderful inventions and discoveries in the art of surgery since Garfield. Then we said: But the bullet was not found even in the McKinley case, notwithstanding the X-ray; the blood-count did not disclose the gangrene, which was there from the first; the most careful application of asepsis did not remove the danger of infection; and all the additional knowledge and skill acquired in the last twenty years in surgery could not discover the real cause of the President's death—even when he lay before them under the mutilating knife—except as everyone, even of the most incompetent of homeopathic physicians and lay people already knew, that he was shot with a bullet and died as the result. Hence, we asked, in what especial degree had surgery advanced, or shown its advance, in the McKinley case over that of the Garfield case?

As to the general advances of surgery—aside from the immediate cases in controversy—which Dr. Gould chooses to set up to show our ignorance of surgery and the indifference of homeopaths generally to that specialty, we have never for one instant assumed that it had not made progress—and most wonderful progress. A blind man could almost *see* that. But in the cases of the two Presidents—both having been shot, both having been skillfully attended, both having had all the very latest of progress and skill in surgery up to the moment of assassination, both having carried the bullet beyond life, and both being dead—what is the difference? Where is the vaunted progress?

The fact probably is that because of the rather free criticism of the medical press, old-school and new, touching the dubious procedures of the President's physicians at certain times during the illness, has caused Dr. Gould some little annoyance—since he was the first and has continued the foremost champions in the list of the defenders. He is not to be blamed, therefore, for singling out one of his exchanges and holding him up to ridicule. We should probably have done the same.

Still we insist, however, first that surgery in general has made wonderful progress since Garfield's time; second, that the surgeons in the McKinley case were no more successful than the Garfield surgeons—for in both cases the distinguished patient died; and, third, that not even a trained nurse, or one still under tutelage,—with apologies to both,—would, of her own initiative, have given a doubly-punctured stomach any form of solid food or drink on the fifth or sixth day.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Critique,¹; Chironian,²; Clinique,³; Hahn. Adv.,⁴; Hahn. Mo.,⁵; Envoy,⁶; Jour. of Obs.,⁷; Am. Med. Mo.,⁸; Recorder,⁹; Med. Student,¹⁰; Clin. Reporter,¹¹; Arena,¹²; Minn. Hom. Mag.,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹⁷; N. E. Med. Gaz.,¹⁸; Times,¹⁹; N. Am. Jour.,²⁰; Pacific Coast Jour.,²¹; Eye, Ear, and Throat Jour.,²²; Advance,²³; Jour. of O., O., and L.,²⁴; Recorder,²⁵; Revue Homeo.,²⁶; Arch. für Hom.,²⁷; Allgem. Hom. Zeit.,²⁸; Zeitschrift für Hom.,²⁹; El Prog. Homeo.,³⁰; L'Art Méd.,³¹; L'Homeo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jour. Br. Hom. So.,³⁶; Indian Hom. Review,³⁷; Ecl. Med. Jour.,³⁸; Foreign Journals, not Hom.,³⁹; Am. Journals, not Hom.,⁴⁰.

Belladonna in Convulsions.

Dr. J. C. White of Portchester gives the following case:

A child of six months lived forty miles distant, and I did not see it until fifteen hours after the attack, which was at 10 P. M. They had called in a "regular," who was giving bromide of soda, grs. iii. every two hours. They also showed me a prescription which he had left, which was to be gotten and used if spasms did not cease. The prescription read: Brom. soda, grs. iv; chloral hyd., grs. ii. ss in aromatic syrup. That amount to be given every two hours until convulsions ceased. (One dose of which would not only have stopped convulsions, but all symptoms of life, and then—"everything would have been done.") The convulsions had lasted fifteen hours. There was less motion of the muscles of the body and limbs, probably controlled somewhat by the bromides; still the head was drawn to the left, and constant twitching of the muscles of the face, particularly of the left temporal and left eye, pupils dilated, insensible to all impressions. Bell., a few grains in teaspoonful of water, a drop every five minutes. In just thirty minutes the twitching of muscles ceased, in ten more the eyelids dropped, and in ten more were closed in a sweet sleep. This case was so evidently bell. that I did not think twice before prescribing. The head had been flushed and hot, and the violent symptoms had been preceded by sudden waking from sleep in fright, and a "lightning-like" jerking of the head occasionally, making the child cry out with expressions of pain and fright. Such work as this makes one feel that after all "life is worth living," at least it would seem an apology for living, if only for those whose sufferings we have the privilege of ameliorating.

Conium Maculatum.

Dr. Lee Strouse of Covington, Ky.:³⁹ In a case of paralysis from injury he gave the man a mixture which contained twenty drops each of

conium and nux vomica in a four-ounce mixture. The quantities of the remedies were increased ultimately to a dram of each; a teaspoonful was given of the mixture four times a day. The patient increased in strength; the paralysis improved rapidly; nocturnal pains, which were very annoying, ceased, and the improvement was very satisfactory.

Another patient, a brakeman, was severely injured by falling from a freight car. After two years he could barely crawl along with two canes. He gave him the above treatment, and improvement has been very marked. He believes that although nux and conium are described as incompatible, in these two cases each exercised a very beneficial influence.

He believes that persistent dull aching pains are relieved by conium when patients are despondent and believe they have some serious ailment. Twenty drops to four ounces of water, a teaspoonful every two hours, will give very noticeable relief quickly.

In aged patients who suffer from gouty or rheumatic conditions, with ever present pain or discomfort, conium gives great relief.

In constitutional syphilis, the pains and persistent aching are relieved by this remedy. In cancer of the stomach, with distress, he believes the agent checks the progress of the disease. It is of benefit in other cases in the treatment of rheumatism.

He sums up its indications as those of atrophy, inactivity of the nerves, mild paralytic conditions, the tongue being broad and covered with a yellowish coat. He believes it to be a stimulant to nerve action in these atonic cases, increasing the appetite, and improving digestion and assimilation. To produce sleep he combines it with hyoscyamus, the two working most happily together, if given in small and frequently repeated doses.

Dentition.

W. W. Gilbert, M. D.,⁴¹ gives the following brief and pointed symptoms with the remedies:

Of the remedies from which the most satisfaction will be gained calcarea carb. probably heads the list. Especially for the fat, flabby infant with open fontanelles, weak bones, and the characteristic "pot belly." Calcarea phos. is very similar in its action. The teeth seem to stop growing just before appearing through the gums, leaving them swollen and painful. The child is thin and emaciated, perspiring freely on the forehead during the sleep, and having a thin offensive diarrhea. For the nervous, fretful child chamomilla will act better than any soothing syrup on the market. The baby has to be carried to be kept quiet. This remedy has proved a great blessing to many a weary father in his lonesome walk at night with a fretful infant asleep across his shoulders. As soon as the

walking stops the child begins to cry. Chamomilla will give both their needed rest. Good results will be obtained from gelsemium, when the child is so nervous and peevish that the nurse fears convulsions. These remedies failing to give relief to the overtaxed system, passiflora incarnata in five- to ten-drop doses will have the desired effect, and give the little sufferer a few minutes' repose. For the red inflamed gums, with flushed face and fever, belladonna will be indicated. Magnesia phos. is often indicated in painful dentition, in which the patient cries out suddenly as if in great pain, which continues until it seems that spasms will result. It has a thin watery diarrhea, which when passed gives relief. Mercurius vivus will have profuse salivation, with a tendency to sore mouth, as its characteristics; also green slimy stools, with much straining. Hellebore will be indicated if there is a tendency to cerebral complications. The infant becomes frantic from the suffering. Aconite, coffea, cuprum, or nux vomica may be indicated, and should receive careful study.

Hepar Sulphur.

Dr. J. M. Selfridge,²¹ in speaking of the symptom, "sensation as if the wind were blowing on the legs," says this symptom led me to select the remedy which cured a case of asthma of long standing, which had resisted remedies selected by myself and the late Dr. Hering of Philadelphia. On a warm day in summer I noticed the lady was wrapped in a warm shawl. When I inquired the reason, she remarked that she felt as if the wind was blowing between her shoulders. "How long have you noticed that symptom?" was my question. "Oh, for a long time, but did not think it worth mentioning." Thus it is that many times the best efforts of the physician are thwarted by the patient not mentioning peculiar symptoms which are thought unimportant. Hepar sulphur cured this case.

Atropine in Morphine Poisoning.

The generally accepted belief in atropine as a reliable antidote to morphine is, according to E. T. Reichert,¹² not justifiable. Though undoubtedly valuable in some cases of morphine poisoning, atropine is often useless or positively harmful. The idea that morphine and atropine are antagonists was founded on inadequate knowledge of their properties. It is quite certain that they are not only not antagonists in many important respects, but are, rather, synergistic. Both are narcotics, both first excite and then depress the respiratory center and the heart, both cause motor depression, produce sleep, and lead to paralysis and convulsions in sufficiently large doses, etc.

The question now arises, Is atropine valuable or dangerous in morphine poisoning? The au-

thor's answer is this: Atropine may be useful as an antidote in morphine poisoning, but only before the third stage, the stage of coma, and even then only in small or moderate dosage. Its value is limited to a possible stimulation of the respiration and circulation, and these beneficial effects may be counteracted by its pernicious action on the general metabolism.

Given in large doses during the second stage, that of depression, it is positively harmful by intensifying the action of the morphine. It has been shown experimentally that a dose of morphine which is not lethal may be made so by the synergistic action of atropine. The startling assertion is made that possibly two-thirds of the deaths from opium-poisoning were due to the "antidote."

Sulphur.

The following description of sulphur²³ is characteristic of the drug:

A delicate appearance, with long, fringed eyelashes and brilliant eyes often serves to point out the tubercular diathesis. To the eye of the practiced observer such a face will immediately call attention to the form or build of the person. If, in addition, such a subject is lean, stoop-shouldered, and walks or sits bent over, especially if it is a young person, with such a face and figure, sulphur comes to mind.

If, again, such a subject has a dirty or filthy appearance of the skin, is prone to eruptions, hates bathing, and feels generally worse after it, we may look further and will often find that the lips, eyelids, and meatus are unnaturally red. Observing still further it will be noticed that such a subject will look around for a chair; he never wants to stand up long. He must sit or lie down. He never stands still, but it continually changing on his feet from one to the other, or walks around. It tires him so to stand. Such is the face, figure, and general appearance of the sulphur subject, and being led by it to inquire we find that all his ailments, past, present, and prospective, will correspond to, or greatly resemble the pathogenesis of this remedy. It is a psoric constitution and sulphur is the "king of anti-psoric remedies."

Apis as a Throat Remedy.

Dr. Shallcross⁵ says apis is indicated in diphtheria, where there is prostration from the outset, fever is not high, pulse is rapid but not strong. The throat at first has a varnished appearance, the mucous membrane is a bright, glossy red color. A membrane forms quickly on the tonsils, more often on the right, and has the appearance of wash leather, being thick, dirty-grayish in color. The tongue is swollen as to prevent swallowing, the patient complains of a fullness in the throat, which inclines him to swallow, but at the same time makes it very difficult. This

is probably due to the œdema of the soft palate, uvula, and tongue. In fact the whole throat is œdematous—there are stinging pains extending to the ears when swallowing, and sometimes puffiness of the neck and face. The œdema may interfere with respiration, or we may have an œdematous extension to the larynx, followed by the characteristic membranous deposit. There is not much thirst. Urine is scanty, high-colored, burning, and albuminous. In some cases a characteristic apis rash makes its appearance over the body, and may at first make you think you have a case of scarlatina. . .

Apis mellifica is a prince among the remedies used in the treatment of acute parenchymatous tonsilitis (quinsy), or even acute peritonsillar abscess; but here, as elsewhere in suppurative conditions, apis should be used early, and only when indicated. If apis is used when abscess threatens, before pus formation is accomplished, and when the throat has the characteristic œdematous swelling of the tonsil, soft palate, faucial arches, and uvula; when the patient complains of sharp, lancinating, burning, and stinging pains shooting to the ears on attempting deglutition; if we have the characteristic external swelling (œdematous) at the angle of the jaw; if the patient finds it difficult to either swallow saliva or expectorate it on account of the pain; if on account of the œdema, respiration is noisy or difficult, and even when œdema threatens to extend to the larynx, we examine our materia medica, we find no better remedy, no greater similitum, and no drug that will give us a better result in a short time than apis. If we get our case late, when pus has accumulated and œdema has subsided, apis is no longer our remedy.

Abies Nigra on the Heart.

Dr. T. C. Duncan:⁹ This drug, that produces "the undigested hard-boiled egg sensation" in the stomach, may give us a clew to the effect of severe inhibition on the heart. Dr. J. B. Bell says: "I have taken various potencies, from the tincture up to the 30th, and have invariably confirmed the proving, to wit: Pain in external meatus (of ear), heavy, slow beating of the heart, dyspnœa, and finally sharp pain in the heart. This last was very severe from the 30th, so severe that I was obliged to take aconite to antidote it." The strong, slow contraction finally developed the cardialgia. All who have chewed spruce gum will remember the stomach symptoms recorded by Dr. St. Clair Smith, as quoted above. This drug gives us a clew as to how the arterial tension is increased.

The cases of bradycardia when this drug is curative will have the stomach symptoms and dyspnœa. *Abies* is not we see primarily a heart remedy, but should not be overlooked in heart cases when the symptoms correspond.

The Cedron Seed as a Cure for Yellow Fever."

It is so seldom in this age of serum-therapy that we see a new vegetable drug extolled as a sure cure for anything that we think such an event is specially noteworthy. In a letter in the Public Health Reports for July 27, Dr. S. H. Hodgson, of the Marine Hospital Service, praises the virtues of the cedron seed as a cure for yellow fever. Dr. Hodgson writes from Progreso, Mexico. He says that in Central and South America the seed or bean of the cedron is used as a remedy for the stings of insects and the bites of snakes, and acting on this hint he used it in cases of yellow fever. The results were so satisfactory that Dr. Hodgson concluded that the cedron is as true a specific for yellow fever as quinine is for malaria. This is certainly high praise. Unfortunately, he kept no notes of the cases treated, and consequently his report is lacking in the precise details of systematic observation that we always desire to see in support of such claims. Dr. Hodgson urges that a careful investigation be made of the action of this drug, and even asks to be transferred to a yellow fever focus so that he may himself make further observations. We should remember that Peruvian bark was a long while in gaining confidence, and we should not be too skeptical in the trial of a remedy which has impressed a sense of its value upon an educated observer.

[This new discovery is practically an old one for the homeopathic school. Farrington years ago said: "Cedron, of which it has been asserted that it will relieve the bite of the rattlesnake and modify hydrophobia, may also be regarded as an analogue of aranea diadema and of the snake poisons generally. It is said to act best in nervous, excitable, and even voluptuous patients, especially females. The febrile and neuralgic symptoms return with clocklike regularity. It is used in ague contracted in warm countries, or in low, marshy lands, in which latter respect it offers some similarity to aranea. But the former remedy has won favor mainly in hot climates, while the latter works well in chills contracted in cold and wet localities. The chill predominates, heat being slight or wanting. In cedron, on the contrary, there is congestion to the head, flying heat in the face alternating with chills, and dry heat, with full, quick pulse."]

Obesity Remedy.

"Isn't it awful how thin Mr. Henpeck is now," remarked Mrs. Gabble to her husband, "and he used to be so stout."

"Perhaps," chimed in little Willie, remembering his trouble with his bicycle tires, "perhaps his wife forgets to blow him up regular, like you said she ^{used to} do."

Jaborandi and Its Uses in the Diseases of Women.

BY JAMES C. WOOD, M. D.

President of the American Institute of Homeopathy.

Some twelve years ago I prepared for the Kentucky Homeopathic Medical Society a short paper entitled "Two Uses of Jaborandi." I was prompted to write that paper by an experience had by me a few days previously to a request received from the secretary of the Kentucky society to prepare a paper for the same. At that time I was in the University of Michigan, and upon arriving at Ann Arbor on an early train from the northern part of the State, a messenger met me and took me in great haste to the bedside of a young woman, who was the wife of a prominent professor in the university. She had been under the care of an able physician, who had watched her through her first eight months of pregnancy. There had been, during the two weeks previously to the onset of her illness, a slight albuminuria, which had caused some anxiety, but which seemed to subside under proper dietetic and medicinal treatment. With her husband she had taken a walk on the afternoon of the night she was stricken down, and in some way had become unduly chilled. At ten o'clock she was seized with violent uræmic convulsions; the urine became almost entirely suppressed, and the convulsive attacks increased in severity with shortening intervals as time went on. Labor was precipitated, but the dilatation was slow. When I found her, at eight o'clock in the morning, the os had to be incised in order to accomplish instrumental delivery. By this time the urine had become almost entirely suppressed; the face was enormously swollen, and general anasarca marked. The child was born dead. I at once administered one-eighth of a grain of pilocarpine hypodermically, placed the patient in the wet pack with a cold compress upon the head, and watched the results. Within five minutes after the injection the face, ears, and neck became deeply flushed. Soon perspiration began on the skin, a profuse flow of saliva took place, and tears ran from the cheeks. Within twenty minutes water was oozing from almost every pore of the skin. She had, during the succeeding six hours, four or five convulsions, each attack being less severe than its predecessor. The last one occurred at three o'clock in the afternoon. Two hours after the injection she vomited profusely. Four hours from the time the injection was given we got, by catheter, two ounces of urine, which, upon boiling, was almost solid with albumin. Microscopically, it contained granular and epithelial casts in large numbers. Another dose of pilocarpine was given at 3 P. M., which again excited the symptoms enumerated; the urine increased in quantity, until on the following day—twenty-four hours from

the time the first dose of pilocarpine was administered—some twelve ounces had been passed. The patient regained consciousness within ten hours, and her convalescence was complete in every way.

Passing from the bedside of this patient to that of another woman three months' pregnant, who had been under my observation some four weeks, because of excessive emesis, I was impressed with the similarity of her symptoms to those produced by the alkaloid of jaborandi which I had just witnessed. This patient had most troublesome salivation, with a degree of emesis which was rapidly sapping her strength to the danger point. The symptom which impressed me most in connection with her case was the profuse perspiration associated with flashes of heat and reddening of the skin. I therefore gave her jaborandi 3d, with the most happy results. Before giving this remedy I feared that it would be necessary to produce a miscarriage in order to save her life. Under its action the nausea and vomiting ceased and the vasomotor disturbances vanished. Within a week's time she became fairly comfortable, and at the end of another week was practically free from suffering of all kinds.

The foregoing experience impressed me more than any experience I ever before, or have since, had with the necessity of knowing how to utilize both the physiological and the dynamic action of a remedy. Since that experience jaborandi has been used by me in a large number of cases for the various diseases characterized by marked disturbances of the vasomotor system. It is therefore especially useful in the diseases incident to the climaxis, either natural or precipitated by the removal of the appendages. I no longer think of giving amyl nitrite, lachesis, sanguinaria, or sulphur in the flushes of heat so common at this period, if the flushes are associated with, or followed by, profuse perspiration. Jaborandi is here the remedy par excellence, because of its exquisite homeopathicity to the condition described. It must not be given lower than the third decimal attenuation, or it will produce aggravations. It is also most useful in localized pareses of the vasomotor system which give rise to erythematous patches on various parts of the body.

In an article on "Exophthalmic Goiter as a Hystero-neurosis" prepared by me for the North American Journal of Homeopathy for February 13, 1899, I commented upon the homeopathic relationship existing between jaborandi and this most serious disease. It gives rise in full doses to increased heart action and pulsation of the arteries; to tremor and nervousness; to sweating and the subjective symptoms of heat; to redness of the skin; to diarrhea and dysuria; to disturbance of vision; and to bronchial irritation with expectoration. In fact, the drug covers the symptomatology of the disease so clearly the wonder to me is that more cures

of Graves' disease are not recorded from its use. In dealing with exophthalmic goiter one needs take into consideration its cause. I myself believe that, when it occurs in young girls and women, it is frequently of reflex origin, and whenever it is expedient to remove possible causes, they should be removed. However, in this disease, I have obtained the most striking results from the administration of jaborandi in homeopathic doses, and it is one of the first remedies thought of by me in dealing with Graves' disease.

The writings of Bartholow, Ringer, and Gould show conclusively the homeopathicity of jaborandi to many conditions in which they recommend the drug as beneficial. It is recommended by these gentlemen for the morbid sweating attending tuberculosis; for profuse salivation from whatever cause; for profuse expectoration in asthma and bronchitis; and for diabetes insipidus. It is only necessary for the student of *materia medica* to study the "physiological actions" of jaborandi, as given by the authors mentioned, to appreciate, even from the testimony put forth by them, that it is thoroughly homeopathic to the conditions enumerated. It is not homeopathic to uræmia, and must therefore be given in full doses, in order to eliminate the poison and force the skin to do vicarious work for the kidneys. Observation shows that the amount of urea secreted through the skin under the action of jaborandi is enormously increased over the normal, amounting to from fifteen to seventeen grains.

While the urine may not be increased by a full dose of the drug, smaller doses frequently repeated seem to have a diuretic action. The eliminative doses should be utilized in all cases of eclampsia associated with the renal insufficiency of pregnancy, of scarlatina, and of acute Bright's disease. In pregnancy, where it is undesirable to empty the uterus because of the mildness of the convulsive attacks, the drug must be given with care, because it tends to excite uterine contractions. It must also be given with care if the heart's action is weak. I do not hesitate to use it in the uræmia following surgical work, where the symptoms become urgent. It should not be given in post-operative cases, where the heart's action is much embarrassed, and under no circumstances should it be given except as a last resort. We may then have to run the risk of a lesser danger in order to avert a greater. In no instance should it be given in post-operative work until an effort has been made by the properly selected homeopathic remedy, supplemented by saline infusions and enemata, to re-establish the action of the kidneys.

*Belladonna in Renal Calculi.**

BY H. F. BIGGAR, M. D.

Cleveland.

Belladonna is the remedy par excellence for renal calculus during the attack of colic, unless the calculus is unusually large. The drug has the power to relieve spasmodic contraction on the one hand and produce peristaltic action on the other; it paralyzes the circular and stimulates the longitudinal fibers. This combined action aids the passage of the calculus from the pelvis of the kidney to the bladder, and from the bladder even through the *meatus urinarius*.

It is the remedy for gallstone colic, or any other obstruction of the gall duct; for obstruction of the bowels, not resulting from adhesions or malignancy; for some forms of obstructive dysmenorrhea; in painful defecation depending on (a) displaced and enlarged ovaries, (b) retroflexion of the uterus, and (c) pelvic exudations and adhesions; in typhlitis or appendicitis.

With some patients the attenuated dose is sufficient to give relief, while with others it may be necessary to give full doses, from twenty to forty minims of the tincture every hour or two, until the symptoms of the physiological action of the drug is manifest, such as atropinism, dryness of throat, pupillary dilatation, and delirium.

For pelvic pain, use one grain suppository of belladonna every two or four hours, beginning with the first appearance of the menses. Full many a tale of woe begins in neglected dysmenorrhea; spasms lead to congestion, congestion leads to weight of fundus, weight of fundus to flexion, and these to endless miseries.

The pain produced by renal calculi and renal colic is more effectually relieved by belladonna than any other drug, opium not excepted. In bowel obstruction it may require more than the mere anodyne effects of the drug before the obstruction yields. An external application to the abdomen is more efficacious, especially when applied with iodine ointment. The formula is iodine ointment, one ounce, extract belladonna, one dram; mix and spread on lint and apply to a part or whole of the abdomen, as may be required. As soon as the iodine begins to irritate, the belladonna is more rapidly absorbed, and its action is thus intensified, and there is obtained the combination of a counter-irritant, absorbent, and sedative.

For painful defecation try a glycerine suppository, in which is embodied a grain of belladonna, once or twice a day.

In renal calculi drink quantities of pure hot water as the Waukeshaw or Poland, avoid the red meats, and live temperately.

—German surgeons say that the delicate membrane which covers the contents of an eggshell will answer as well as bits of skin from a human being to start the healing of open wounds.

*This constitutes part of a discussion in the Cleveland Homeopathic Medical Society, November 20, 1901, by Dr. Biggar, on a case reported by Dr. Gurnee.‡

Notes on the physiological effects of the drug: Hare says: "Belladonna increases peristalsis, may be considered as a depressant to the sensory nerves and as a quietor to sensory nerve filaments."

Ringer says "that vegetable feeders are but little effected by belladonna, but that it is a powerful poison to flesh eaters. Thus belladonna has very little effect on horses and donkeys." Trousseau recommended belladonna in obstinate constipation, giving one-sixth to one-quarter of a grain daily. In some of the severest cases of constipation, where powerful purgations have failed, a suppository of one to two grains of the extract has opened the bowels. "Belladonna often relieves the colic of the intestines. Belladonna weakens the muscular power."

Fraser in his article on the "Connection between the Chemical Constitution and Physiological Action," says: "Atropia produces paralysis chiefly by affecting the motor sensory nerves," and our observation confirms this conclusion in respect of the motor centers.

Brown-Séquard maintains that belladonna exacts a powerful influence on the unstripped muscular fibers. It paralyzes the motor nerves. Dr. John Harley considers that belladonna affects the sympathetic apparatus." The influence of belladonna on the sympathetic led Dr. R. T. Smith to employ it in two cases of exophthalmic goiter, a disease regarded by some as due to paralysis of the sympathetic neck. Dr. T. F. Allen says it stimulates the accelerator centers and paralyzes the pneumogastric. Hughes states that belladonna also acts on the motor and sensory ganglia; that chorea, an insanity of the muscles, is an instance of a disturbance of the motor centers.

Belladonna is a very valuable drug when indicated, the dosage depending upon the exigencies of the case. It has prevented many abdominal sections. In desperate cases we should not hesitate to resort to desperate means before resorting to the knife; in fact, it is my medical scalpel in many abdominal and pelvic diseases.

Mr. Barnabee of the Bostonians has been singing for forty-five years, and always takes the attenuated remedy for throat troubles, never permitting local application to the throat. A good homeopath.

—When the great chemist, Chevreul, whose statue was recently unveiled in France, attained his hundredth birthday he was entertained at a public dinner, at which his son, a high official in the Department of Justice, sixty-seven years old, was also present. The old man made a speech, and in telling an anecdote made a slight slip, which his son corrected. Old Chevreul turned around quickly and said in a sharp tone: "Hush, youngster, when I am talking," and the "youngster" held his tongue.

The Profession of the Future.

BY E. R. EGGLESTON, M. D.

The profession is, or should be, what the schools make of it, or lead it to be. The schools are, or ought to be, what the profession makes them. So long as such mutual leadership and helpfulness prevails, just so long may medicine, in its capacity of teaching and practice, go on to the winning of greater victories. But once such relations are broken up, progress in any true sense ceases to be.

Not considering the extent of present conditions, or their results, the dullest among us recognizes that important changes have taken place; that new methods are in vogue; that results are different. It is seen that the school is no longer—or less so—the guide and judge of medical acquirement. A new arbiter has usurped its seat. It is seen that the practitioner no longer turns to his alma mater as to his pride and source of authority, but rather to other gods,—false, forbidden, or otherwise,—or possibly puts forward his own immaturity as a rock of foundation. Now, are the changes for the better.

Three things conspire: (1) The usurpations of authority and function on the part of State boards, whose operations are upon standards widely different from those of schools and profession, and who thus fail to rise with the spirit of the time; (2) the spirit of independence or individualism that pervades the profession, a spirit which the authorities are failing to take cognizance of, or fasten upon, or to direct and control; and (3) abdication, on the part of colleges, of rightful positions established and guaranteed by the State; abdication of their charter rights—rights which it is believed are beyond the reach of board or bench, to pass upon the competency, and to license its own graduates according to charter specifications pledged and sealed by the parties to the compact; and abdication of their inherent right of dictation of curricula and courses and methods, they being the only competent judges in such matters.

The consequences are that practitioners are cutting loose from college influences, and pursuing ways and means of their own devising, ways that are remodeling generalizations into particulars, which the influence of the boards, once their preliminary conditions are overcome, entirely fail to reach; and that the parts of that which should be a complete working system, including boards, colleges, practitioners and undergraduates, are not working together, and are therefore antagonistic.

However, these are facts of common observation, and no time need be spent in proving them. They are referred to as a basis for another matter of very great practical importance, with some conclusions regarding it which

should, in my judgment, command our attention.

It is clear that the "specialty" is fast becoming the predominating feature of medical practice. Whether higher skill is demanded by communities, or whether specialties are made to solely subserve selfish interests, or that there exists the necessity for such devotion to lines of work in order that they may be carried to their fullest excellence, does not matter, for the fact remains that medical practice is rapidly assuming the type of a series of specialties, each more or less independent of others; that is, there is claimed special fitness, through special study and experience, for special fields of work. State laws have not yet recognized the fact; State boards are making no provisions or provisions regarding it; nor are the schools making adequate preparations for it, so as to place themselves at the head of the movement.

To show that I am not so entirely alone in this matter, I quote from one of the foremost college men of the country, one honored by the whole profession, Dean Helmuth, who says: "The family physician is outclassed and passing; his place filled by specialists"; and further that the fact is as it is because of such conditions as I have just outlined. And yet the worthy dean, at the head of a powerful school, does not place it in a position to command conditions; why, I do not know.

The practice of a specialty may be brilliant and fascinating, and of course profitable, scientifically and financially; but what is to become of it? How far afield may it run? Ought it, or can it, be conserved, pointed to ways of safety and to the good of the profession as a whole? In my humble opinion it may be controlled and guided, provided,—now shall we say, that the schools use the means which must be formulated by State boards, which must be enacted by legislatures, which must be interpreted by the courts? or should we not rather say, provided only that the schools adapt their teaching to the new conditions, adaptations advanced and radical enough, and wide and specific enough, to include both fundamental and special training for any desired department of practice, whether in army, navy, or civil life, or as a specialty? I believe it would be safe to do this thing without the previous knowledge or consent of boards, trusting to their good sense and judgment to follow a good example afterward—as long afterward as required to do the business decently and in order, according to law duly interpreted by the courts—years, maybe.

In full view of the pros and cons, as I understand them, I have ventured to suggest what appears to me to be the points essential to the re-establishment of good working relations between the schools and practitioners, which at the same time will not lower the educational standard already established, but rather elevate it.

1. The laws and State boards should yield to the colleges the functions of examination, graduation, and license, which are matters of plain common sense, of self-protection, of self-help, and of right under charters issued and guaranteed by the State. The colleges will deal honorably with the board, if the board will return in kind. The proper functions of the board should be limited to fixing and regulation of standards, supervision of work done, and registration.

2. The colleges should secure, according to United States standards of examination in medicine and cognate sciences, the adaptation of the pure sciences to the classroom; obviously that graduates may be able to enter the honorable and lucrative positions under the government, as well as to broaden their foundations for general or special practice. Again, every branch should be fundamentally extended; while in its specific terms it should be specialized. Thus the student gains in the widest possible way the principles underlying the branch in hand, and in the special sense a completer view of details and relations and differentiations of the type chosen to represent a group or class of diseases. Those are indispensable to intelligent practice of any specialty, and they are alike indispensable to the general practitioner; and while the one is not burdened with a never-to-be-used mass of details, the other is in as good position to gain them as before. I do not insist upon it, but I am inclined to think that every student matriculated should be so in view of a preferred field of work, which should appear in his college record. It would be to his advantage to know whether he should prove fitted for that line, or better for another; and helpful to the college in fitting him for his choice or directing him into another. It is my firm belief that if they are not too much crippled by present limitations, and are not possessed of too few discretionary powers to work out such a scheme, the colleges would reap a vastly productive harvest in material and honorable benefits under such a system.

3. Every college should be required to take up an affiliation with its own State university; because, first, of the power, and authority, and stability naturally resulting from such association; second, the prestige and higher tone and wider influence of a school so connected; and third, the certain elevation of educational standards, which must of necessity be equal to those of the higher parent institution. Even if merely nominal, or under the exercise of mere supervisory functions, a valuable influence for the college would flow from it; while the more intimate the union the more helpful and elevating would the influence be, for no institution could fail to feel the lifting touch of the hand of the State government. Of course co-operation of universities would be required by law.

Dr. Bowditch, discussing the matter (Phila.

Med. Jour., May, 1900) says: "The medical school of the future which expects to take first rank will be organized and administered somewhat as follows:

"1. It will be connected with a university, but will be so far independent of university control that the faculty will practically decide all questions relating to methods of instruction, and the personnel of the teaching body.

"2. It will offer advanced instruction in every department of medicine, and will therefore necessarily adopt an elective system of some sort, since the amount of instruction provided will be far more than any one student can follow."

This I can fully endorse.

There are, then, two voices raised for more systematic and timely instruction, to the ends that there shall be a forward step according to the march of medical events, and a closer union between the teachers and the taught, the administrators and the practitioners.

The pith of the whole matter, then, lies in the conclusion that the profession and the colleges must maintain close and helpful relations, else both must come to grief. In the natural order of things the colleges should occupy the advanced or leading position; and whatever influence, State or otherwise, operates to undignify, or degrade or nullify that position, should be unhesitatingly condemned.



*Phosphorus—Clinically.**

BY A. BERGHAUS, M. D.

My friend, Dr. Pierce, chairman of the committee on materia medica, did me the honor of asking me to prepare a paper for his bureau. A large field to work in, and, I am sorry to say, of late sorely neglected. When almost every student selects some specialty for his future practice, I am afraid there is not much time left for materia medica. I must confess that the latter is very difficult to master, and many have been the plans to sift and simplify the immense material. Long before Dr. T. F. Allen published his voluminous "Cyclopedia," I heard the venerable Dr. Horace M. Paine of Albany, who fought many a hard battle in the legislature for the benefit of our school—I heard him complain at a meeting of the State society that our materia medica was too difficult to apply. He proposed that a book should be written, in which by the side of the name of the disease a remedy or two was placed; as, for instance: Fever, aconite, belladonna; rheumatism, bryonia, rhus tox.; pneumonia, aconite, phosphorus; constipation, nux vom.; etc., etc. I am sure that many a young physician, and perhaps some older ones,

approve of this plan, for it is so much easier than to individualize each case. When I studied homeopathy, about thirty-three years ago, Dr. Constantin Hering had published a series of little cards, containing the characteristic symptoms—so-called keynotes—of our principal remedies. By committing these to memory I was greatly assisted in selecting a remedy, after having compared such remedy with Jahr's "Symptom-Codex." As to treating each case according to its individuality, I had a striking illustration given to me by my good old friend, Dr. Samuel Lilienthal. When a young practitioner of the old school in Munich, he was treating a number of cases of scarlatina (then being epidemic) with mostly fatal results. Hearing of a homeopathic colleague who had the reputation of curing almost all his cases, Dr. Lilienthal called him in consultation, and was greatly surprised to see the consulting physician prescribe different remedies for different patients of the same family. Then and there he learned that patients could just as little be similarly treated as the shoemaker can make all shoes over the same last. This was the origin of Dr. Lilienthal becoming a homeopath, being a blessing to humanity.

After this preliminary I shall state that I have selected phosphorus as the subject of this paper—phosph., one of our great stand-bys, for which our friends of the old school have very little use in the way they prescribe it. I remember that it was used many years ago, in the form of diluted phosph. acid, as a beverage in typhoid and typhus fevers, and I am convinced that all the good it did was due to its homeopathicity. An instance comes to my memory, when one of our most prominent homeopathic physicians was asked to consult with two so-called leading physicians of the old school in a case of pneumonia. The patient, over seventy years of age, had been given up by these wise men, and to please the family they had consented to meet the homeopath. The latter, learning the circumstances, refused to consult on the plea of utter uselessness. He took the diagnosis and prognosis for granted, and claimed that the other men would not know anything of a remedy he might advise. He, however, offered to take charge and responsibility of the case, as under the circumstances his reputation could not suffer, the man being doomed to die. He saw the patient, and prescribed phosphorus. After a quiet night, the most decided improvement followed, leading to complete recovery. When the too great men heard what remedy had brought about this, in their eyes, miraculous cure, they looked very wise and said they knew that phosph. was a good medicine for pneumonia. May the Lord have mercy on the next patient for whom they may prescribe—knowing nothing of our materia medica and of the whys and wherefores. In a case of cholera morbus, so bad that had we had an epidemic of cholera at

* Presented to the N. Y. County Homeopathic Society.

the time I would not have hesitated to call it a genuine case, there was the great thirst and vomiting of water as soon as it "became warm in the stomach." There was the characteristic diarrhea, with sinking feeling in the epigastrium; voice almost gone, with pain in larynx on effort to speak. Phosphorus 30x gave prompt relief, so that the patient was out of bed the next day.

A maiden lady about forty years old called for treatment for eczema extending from both ears into the scalp. The character of the eruption, and the habits of the patient being known to me for over twenty years, made me prescribe rhus. tox. After a week the case called for graphite, which was followed by very slow improvement. During the treatment she developed a cough, shaking her whole frame, being relieved by pressure on the chest. There was almost entire loss of voice and the stools were of the phosph. character. I prescribed the remedy in the 30x potency, and found to my delight and surprise that within a week not only the cough, etc., had disappeared, but at the same time the eczema had almost entirely dried up. This is four years ago, and the lady has enjoyed excellent health ever since. I have searched in vain for a record of a similar case, but I am convinced that phosph. cured the patient, as I have often found, that by treating an acute case of some kind, even an eruption of long standing would be benefited. In phthisis I have had the most satisfactory results from phosph., especially when the throat symptoms corresponded with those of the remedy. I have quoted these few cases showing that the medicine was not prescribed according to the classification or the name of the disease, but was simply and purely selected for the symptoms as they are laid down in our much neglected materia medica.



*Three Remedies Infrequently Used.**

BY FRANK KRAFT, M. D., CLEVELAND.

Since some time last fall (1900) I have had a patient, lady, married, past middle age, who has been suffering in various ways, in the majority of which ailments I have been able to furnish relief. For over two months during the winter there was a severe and at times dangerous condition of the heart, complicated with sciatica. Eventually, however, the remedies prevailed and the lady rose from her bed and continued fairly well. Within the last month there suddenly appeared—and all her troubles came on in one-time-and-two motions—there came on a bladder trouble; which kept me studying and guessing. I took a good deal of time with the

repertories, and was frequently sure that I had the indicated remedy. It would help for a space, and then the incontinence and the strangury would return. To recount all that I prescribed would give the usual routine bladder remedies, and some that were not routine—which I would not dare to repeat in a high-potency church. I began to dread the visits of this patient. One afternoon, however, she came to me with a report of intense itching all over her body, added to the more or less ardor urinarius, and I noted that her former fairly florid face was turning a golden hue. The immediate symptoms pointed to sulphur, yet she could not by any stretch of imagination be made out a sulphur patient. I gave the urine a number of tests, but found nothing of any grave import. So I kept on at the unseen itch. At last she said this to me: "If I permit myself to touch any itching spot and rub it ever so lightly, it will spread over my body; then I am in agony until I follow with a brush or a towel. It begins usually on one of my hands. If I look at it closely it seems as if it would raise in a blister if I touched it." Here instantly flashed upon me an experience I had when a young man. I was rooming and bedding with a lad of my own age who had been a drug clerk. During the Christmas holidays the two daughters of the gentleman of the house in which we were living, and the head of which house was also our employer, took it into their pretty heads to tease us and play all manner of pranks with us and in our absence. Eventually my drug-store comrade grew tired, and prepared something for them which made trouble for several days. He had gone to a nearby drug store and purchased what sounded to me as "cow-itch," and placed it—well, where it would do the most good. It was most effective. When I asked what it was he was using, he answered by putting a few of the hairs upon the back of my hand, and in a moment I wanted to tear the hair and "hide" off with it. And for a good many days I couldn't get rid of that itch. If I wore a glove and the hand got warm I was in trouble. In fact, I can almost feel it now, at this interval of a good many years. The association of ideas brought that Christmas holiday prank of 1870 to my mind as my patient was telling me about the hand and the itch. I reached in my drawer and drew forth the bottle marked Dolichos, medicated a few pellets, with directions how to take, and dismissed her. Next morning the telephone called me, and to my great relief and satisfaction the report was that the itching had stopped in less than two hours, and that nothing was now at fault except the bladder, which also seemed better.

Yesterday evening while I was "blocking" the first few pages of notes for this paper, I turned to Clarke's "New Dictionary of Materia Medica" (which I had received through the Customs House in the morning) to see if dolichos was given. And to my amazement found

* For the Cleveland Hom. Med. Soc.

that there was incorporated in the story of the remedy a case I had reported in 1890 in the N. A. Journ. of Homeopathy, which had been a case of jaundice. I remembered then that that was the only time in which I had used *dolichos*. That paper also showed me, what I could not have told you otherwise, for the printed label was missing from the bottle, that it was the 1200th I had used in both instances.

According to Gould's "Dictionary," cowhage is a Brazilian plant of the *mucuna* variety, and used at one time as an electuary—for worms. Hering in his "Guiding Symptoms" and Allen in his "Encyclopædia" say that it is a climbing plant in the West Indies and tropical countries of America, bearing a fruit pod about four inches long, covered with reddish bristly hairs. From the pod and hair the alcoholic tincture is prepared. How it got its name of *dolichos pruriens* I do not know. Allen says it is from the Latin. Dr. Jacob Jeanes introduced the remedy into our practice through a paper contributed to the North American Journal of Homeopathy. He used the 2d cent. dilution.

In a general way, looking desultorily over the proving in Hering, I find that one of its prime centers of action seems to be about the gums and at the angle of the right jaw, which interferes with swallowing. Jaundice is marked, with swelling of the face and especially the lips. The stool, as might be expected in jaundice, is white. There is obstinate constipation. The bladder is implicated. Twitching of the muscles. And at night the itching and burning from the application of cold water is intolerable. Or, if the cold water relieves the itching temporarily, it causes great trembling. It is a right-sided remedy. Aconite will antidote the dynamic effect. What will antidote the local effect I don't know. It follows well after *rhhus*.

While I was at Richfield Springs in attendance upon the American Institute meeting this past summer, I had a front-porch talk with the sage of Springfield, Mass., Dr. A. M. Cushing, the father of a number of new remedies, chief among which are mullein oil and *rhatanhia*. I was reciting to him the difficulty I had had with certain forms of heart troubles; that in most of my cases I had had some form of relief from the English hawthorne,—*Craetagus oxycantha*,—but the one case that troubled me most was of an elderly gentleman, who had been a steamboat captain, a great over-user of tobacco in every form, but mainly in chewing, and who had had rheumatism and gone to a sanitarium at Mt. Clemens with some relief, but that, latterly, since I had him in tow, his heart was giving him many a bad quarter of an hour. Dr. Cushing said instantly: "I will give you a graft of my *phaseolus nana*, and if that doesn't help him I'm very much mistaken." Any port in a storm, I thought, and accepted the 25th in small pellets. When I returned home the captain had had sev-

eral smothering spells, and was once given up for lost. I hurried to his side, prepared the wonderful remedy—and, to my astonishment, in a few hours the patient was about with great comfort and declaring that he could lie on either side now—like the expert attorney. What is *phaseolus nana*? Dr. Cushing had made a proving of the common white bean. In his trial upon himself he nearly suffocated, and his heart gave him all forms of anxiety. And those were the sole symptoms upon which I gave them to my captain—"trouble about the heart!"

Last Wednesday, which, as you may recall, was a terribly disagreeable day, cold and windy and lowering; it was my unhappy lot to have to stand on the corner a long while waiting for a street car that was not heated except with the several and variegated breaths of the shivering passengers. When I eventually reached the end of the cold ride, which took me some distance into the interior of Ohio, I was ushered upstairs into the spare room,—usually reserved for the visiting preacher,—where no stove was up, but at nightfall something was kicked open in one corner of the floor and the accumulated warmth and odors from the dining and kitchen underneath were permitted to heat the room above and as well nourish the sleeper. In that room I sat twenty-eight minutes, my teeth almost chattering. I had the same cold ride back to the city and to my office, where I promptly had a good old-fashioned Indiana fever and ague chill. This was followed by a fever, in which I could have written a historical novel in a few hours with the he-ro-ine engaged to seven separate and distinct but respectable characters—so active had become my cerebrum. Belladonna seemed indicated, and was taken, but without relief—the fever burned on and on. Towards evening suddenly I discovered that I was having trouble somewhere lower down, and began to believe that belladonna was acting all right, because the disease was going downward, and, I hoped, outward, according to the law of the disappearance of disease. At seven o'clock I was in such misery with cystitis that I could have cried aloud, and profanely—and probably did. I was doubled over on the couch—suggesting *colocynth*. The calls for evacuation of the viscous came regularly every four minutes, which made me think of another infrequently used remedy,—oxalic acid,—especially since the more I thought of it the more I was sure it was the right remedy. Still I was afraid to get up off the couch. When help came the oxalic acid bottle was empty, its contents evaporated. So I continued to groan and suffer. I was at length unable to bear the agony any longer, and rose to find my hypodermic, when, as I approached my desk, I saw on it a bottle of *vesicaria communis*, which I had received a week or more before from the Tullahoma Botanic Drug Co., sent me as a specimen, with

literature and a copy of the plant to assure me of the reality of such plant and such medicine, since I had asked the question in an editorial shortly before written. I had paid no attention to the literature, believing it to be one of many products sent to doctors and editors for advertisement of special wares; and I suppose each of you has his monthly house-cleaning spell, when the accumulated samples of oils and salves and foods are swept into the trash box. I took up the bottle, looked for directions, found none, then referred to the correspondence, and refreshed my memory as to its vaunted values. It was most highly extolled in all bladder difficulties. That was enough for me in my agonizing condition. I cut the chamois skin cover, drew the cork, put a half-dozen drops of the liquid in a half glass of warm water, and drank it. Then I lay down again. In less than twenty minutes I felt relieved. The intervals for urination had grown in length, and in about an hour and a half I fell asleep. When I woke after two or three hours of disturbed sleep I realized that the cystitis had disappeared. Next day I was at work again, though very weak.

Vesicaria communis, as the literature says, is a plant of the mustard family found in Middle Tennessee, which for its common names has "Short's bladder pod," "lesquereux bladder," "common bladder pod," "German bladder pod." Its medical properties—how these were ascertained I do not know—are said to be the following: "Diuretic, slightly hemostatic; used in kidney and bladder diseases, gonorrhea, cystitis, —acute and chronic,—albuminuria, nephralgia, suppression of urine, retention of urine, acute prostatitis." So that out of all these possible pathological conditions I was safe in making use of the remedy, and was promptly helped. The controversy concerning this remedy arose from the fact that it was believed by certain pharmacies that that which was advertised as *vesicaria communis*—as a specific for bladder troubles—was not so, but in reality *stigmada maidis*—corn-silk.

From my experience with these three remedies infrequently used, I am inclined to believe that there is a vast mine of splendid and outcropping material near at hand which will repay abundantly for the careful study and proving by leisure-having homeopaths. No one here is more opposed to "characteristic" or "specific" prescribing than I am. It is not at all improbable if I could have had the abundant leisure necessary, I might in time have found the well-proven homeopathic remedy and produced the same results. I had worked hard with the two former patients, for they were chronics; and I had opportunity to refer to the texts. In my own case—being a doctor and impatient, and, as usual, highly skeptical on the therapeutics in my then condition of mind and body—I would have taken anything that promised even ten minutes of relief.

Appendicitis and Intestinal Indigestion.

BY GEO. M. OCKFORD, M. D., RIDGEWOOD, N. J.

The great feature of intestinal diseases during the past ten years has been an increase in cases of appendicitis and intestinal indigestion. Now, why has such a condition existed? My bacteriological friend will say that colonies of the coli commune variety get in their work, and then we have the diseases in question. This may be true, but before the bacterium coli commune or any other bacteria can do damage in the intestinal canal, the soil must be prepared for their development. Ptomaines, leucomaines, carbon dioxide, and numerous other substances may develop from the presence of bacteria, but even then it is not fair to accuse the bacteria of being the cause of the diseases in question. We must go back of the bacteria development and look for causes. First, let us inquire as to what change there has been in the dietary conditions of the people. Will not that give an answer? One thing is certain, there have been less fruit seeds swallowed since appendicitis has been prominently before the public eye, and we do not often hear the old fable of the maleffects of fruit seeds as in former years.

But coincident with the increase of intestinal and vermicular diseases there has been a flood of starch products, termed cereals, thrown upon the market. Most of these products are partially cooked, and are recommended as being easy of preparation and requiring a minimum of time to render them fit to eat. To my mind, this is the key to the answer of causation. It is doubtful if any but a small per cent. of the cereals which grace the breakfast tables of the country is properly cooked. Then, if it is cooked sufficiently, the manner of eating would render it indigestible. It is eaten in a semi-fluid form and bolted down. No wonder the crying fault of the present day is an inability to digest starch. Nature never intended starchy food to be digested in that form. The digestion of starch must commence in the mouth to be normal. It can only be started in a normal manner by mastication and a mixing with saliva.

Even the Scotchman knew that his oatcake digested better than his porridge, but the Scotch porridge was not such a semi-fluid mass as our breakfast cereals. The paucity of milk made him chew it. But even then the débris formed hard concretions in his intestines, at times getting so large as to cause obstruction of the bowels. We do not encounter these large enteroliths, because our people have a larger proportion of nitrogenous food than the Scotch, Irish, and English poor, who live chiefly upon oatmeal. The greater the proportion of undigested matters in the food, the greater the predisposition to intestinal concretions, putrefaction, and decomposition. The greater the amount of starchy food taken into the body, the greater

the amount of débris thrown off. Starchy food, to be digestible, must be thoroughly cooked and then thoroughly masticated before reaching the stomach. If this was understood by the people, the manufacturers would not be vying with each other to produce artificial ferments to digest starch, and intestinal indigestion and appendicitis would lose one of the most potent causes that prepare the soil for bacteria development and subsequent danger. The general diet of the present day is better than it was forty years ago. We do not now encounter the saleratus biscuit, with its jaundiced hue, and boiled meats have taken the place of the fried abominations of those days. Normally, there should be less digestive troubles. As a matter of fact, however, there is more at the present time, and it all centers around the starchy foods, which refuse to digest. I do not believe the stomachs of the American people have changed. It is the food that has changed, and changed for the worst, as far as the starchy food is concerned.

Digestive ferments and intestinal antiseptics can never take the place of proper cooking and mastication. When a condition of gastro-intestinal dyspepsia is established, fat and starch might be excluded, and the secretory glands and mucous membranes coaxed back to a normal condition by a diet of easily digested albuminoids. When this is accomplished, the more easily digested farinaceous foods, properly cooked and properly masticated, might be taken without producing further trouble. The use of breakfast cereals is a sort of a "fad," and I suppose I shall be classed as a heretic for insinuating that they are not always in good form, but from observation I am convinced that as much harm as good has resulted from their indiscriminate use, either from the perfidy of the manufacturer, the carelessness of the cook, or the manner of "bolting" indulged in by the eater.

—The efforts made last summer to eradicate mosquitoes in New Orleans have been partially successful. The preparations are being made for a vigorous campaign the coming year.

—One of the patent medicines which is in vogue at present, the result of a free and unscrupulous use of printers' ink, recently had in the Toronto daily press a photograph of a "Toronto lady" who, according to the advertisement and her appended testimonial, "was taken very sick about three years ago with gallstones in the bladder." She had one of the best doctors in the city, but her case "baffled his skill." He has our sympathy. This nostrum is also the property of a Chicago company, with a Toronto company to push its sale in Canada. There can never be much real sympathy or confidence between the medical profession and the chemists while the latter lend their countenance to this sort of thing.

Worth Reviewing.

Cina.—In whooping cough cina is often followed by *drosera*. The pains of cina increase on the least pressure. On drinking the least wine she shudders. (Remember the same symptom in zinc.)

Stillingia.—Aching bone pains down the arms and legs, more in daytime than at night. The pains seem to come first in right side, then on left, going down the long bones of arm and leg. These pains are of most severe and distressing character, of syphilitic origin. *Stillingia* is the great anti-syphilitic remedy of the eclectics.

Mercury.—The pains of this remedy are aggravated by the warmth of the bed, and sweat, which latter is extremely offensive and profuse.

Antimonium Crud.—Patient can't bear to be looked at or touched. In adults look for that peculiar whitewashed tongue, and the alternative diarrhea and constipation.

Natrum Mur.—When attempting to console patients they fly into a passion of rage and anger. *Bryonia* flies into a passion if he be moved or talked to. Wants to be quiet. Stool symptoms will differentiate rather closely. *Natrum mur.* stool usually difficult, with blood, from dryness of the mucous membrane, fissures, and the like. *Bryonia* large, hard, dry, and black, as if burned. *Natrum mur.* is thin, scrawny, yellow, parchment-like face. *Bryonia* the "retired pugilist"; deep red or purplish face; the face usually found when the lungs are filling under pneumonia.

Anacardium.—In dyspepsia and spinal irritation patient has a disposition to swear, especially when in bed and in acute attacks. Compare this profanity with the same inclination in *veratrum alb.* The latter remedy is a cholera remedy par excellence, and seldom has hard stool.

Aconite has been found efficient in the treatment of the commencement of pyæmia, while mercury is indicated when the pyæmia has advanced.

Hepar sulph. is the main remedy to promote the pointing of boils or abscesses. (Note what Farrington says concerning the potencies for effecting this purpose.) In carbuncle or anthrax important remedies to be given are bell., lach., arsenicum, and silicea. *Silicea* is especially useful given internally to prevent the return of boils.

Lycopodium has great fear of being left alone. Mental, nervous, and bodily weakness. Much red sand in urine. One foot cold, the other hot. The baby cries all day and sleeps all night.

Nipples bleed much and are very sore. Night sweats; perspiration cold, clammy, sour, fetid, bloody, smelling like onions. Disease always worse between 4 and 8 P. M.

Magnesia mur. is best remedy given internally to children with congenital scrotal hernia. For inguinal hernia, *nux vomica* and opium are best.

Oxalic acid is worse when thinking of pain. It is said by some of the other schools to be almost a specific in certain forms of cancer—notably mammary.

Arnica and Spongia.—In these remedies the patient prefers to lie with the head low, especially with headaches.

Chamomilla and Platina.—Under these remedies the patient sleeps with the legs far apart.

Conium.—Cancer of the breast has been wonderfully helped—and in some quarters claimed to have been cured—by giving a few doses of the 1000th potency repeated, in four weeks. *Conium* is known to have almost a specific action upon the breast. Bear it in mind in troublesome breasts of young girls who have been surreptitiously reading literature not of the best order for such young women. (See what Nash says about the remedy in his "Leaders.") Fluoric acid ought to cure many cases of cancer. Silicea should also be given.

In all iron springs there are small quantities of *arsenic*. Be on your guard, therefore, for such symptoms when treating a patient taking iron waters.

Ruta grav. for jaundice. Also *dolichos* when there is incessant and unbearable itching of the skin. Don't get confused with the itching of *stramonium*.

Graphites may be given to soften, if not wholly to obliterate, scars of wounds of the breast. Think of this remedy also in little babies who will not get dry behind the ears. These babies have a bluish, smudgy look about the shadowy parts of the face and body. Apt to be fat and chubby children—a trifle greasy and unclean. If mother, nursing the baby, is fat and "sloppy," give her *capsicum*, and give the baby nothing for a while.

Stannum is indicated in certain diseases, when the patient sleeps with one leg drawn up and the other stretched out.

Croton tig. is given when the patient feels tight all over; the skin feels tight, as if shut up. Differentiate from *cactus*, which has a constricted feeling of parts of the body, principally of the heart—as if grasped by the hand and squeezed,

and then let go. Can't wear garters or tight gloves or shoes—*cactus* can't.

Arum Tri.—Child has headache; puts its hand on back of head and cries. A raw spot appears on the lip, corners of the mouth, or on nose, emitting a drop of blood. The urine is scanty. This raw spot may occur on the hand when the child bores and digs at it. Scarlet fever has been cured by it. A favorite remedy of the late Dr. P. P. Wells.

Staphisagria is well indicated when the patient bends the head forward, with the tongue dropping out of the mouth; swelling and soreness at root of tongue. Remember this remedy in newly married wife.

The *rhuis* and *pulsatilla* patients have relief of their muscles by stretching them.

Cina patient has the head turned to one side when asleep, though lying on the back.

Pulsatilla.—Some women in sleeping have the hands over their head. This indicates a medicine. It sometimes indicates in women a tendency to falling of the womb. The medicine most prominently indicated for this tendency is *pulsatilla*. *Nux vomica* is the next best remedy for this disposition to place hands over the head.

Arsenicum, bell., and *platina* are indicated where the woman puts her hands under her head. The latter remedy is also to be thought of when the woman, having extremely tender genitalia, places her hands over her head. Look for the trouble in the uterine region.

Nux Moschata.—In late stages of typhoid fever we are apt to have a tremulous tongue, teeth and tongue covered with sordes. There will be immobility of features; loss of consciousness, tonic spasm, catalepsy; the hands feeling as heavy as lead. Here *nux moschata* (the nutmeg) is well indicated, and will give good results.

Kali Carb.—The chills of consumption come on in the night. Feeling as if pulsations of heart went clear to the tips of fingers.

—A special feature of the Convocation of Victoria University, Toronto, Friday, November 15, was the honor paid to the memory of two great figures in Canadian educational history—Drs. Ryerson and Nelles. The ceremonies attending this occasion consisted in a number of eloquent addresses, and the unveiling of the busts of these two eminent men. Dr. H. F. Biggar of Cleveland, an alumnus of this university, unveiled the bust of Dr. Nelles, making a felicitous speech and eloquent address.



The Medical Library

By O B SERVER

La Grossesse: Etudes sur sa Duree et sur ses Variations.

Dr. L. Bouchacourt has gathered together a large number of out-of-the-way facts bearing upon the question of the duration of pregnancy and its variations—facts taken from zoölogy, veterinary science, anthropology, and ancient and modern history. The causes of the variations that are met with are grouped in four divisions, under the headings of (1) general and ill-determined influences, such as civilization, race, and climate; (2) paternal influences, such as age, hard work, lead poisoning, alcoholism; (3) fetal influences, such as sex, weight, twinning; and (4) maternal influences. The maternal causes of variation are so numerous that it has been found necessary to subdivide them into ten classes, including heredity, age, morals, sexual excitement, ventilation, the digestive system, temperature and baths, loss of blood, electricity, and traumatism. Under the head of maternal traumatism the author includes hard work for women in the last weeks of pregnancy, and emphasizes the advisability, therefore, of rest at that period. This leads him to a discussion of the attempts which have at various times been made to establish homes of rest for pregnant working women. It would seem from the author's researches that all over the world the pregnant woman has but scant accommodation offered to her either in general hospitals or in maternities. In some sketch plans of sanatoria de grossesse appended we notice that the albuminuric, the tuberculous, and the syphilitic patients have special wards.

Accouchements et Maladies des Femmes en Couches.

The various complications of pregnancy and the puerperium, from toothache to insanity, are rather more fully dealt with than is usual in textbooks, and the ordinary problems of treatment are adequately treated. The discussion on routine vaginal douching after delivery is summed up in favor of the practice, and prophylactic intra-uterine douching is advised on certain indications. The dangers of these operations are not, however, neglected. Sublimate is nominated the most convenient antiseptic, and anti-streptococcus serum is advised as an occasional adjuvant to the other treatment in some cases of puerperal infection. In general peritonitis incision and drainage is recommended.

Die Therapie beim engen Becken.

Dr. Krönig's book on the treatment of contracted pelvis consists of three parts: (1) A précis of the deliveries of patients with contracted pelvis in the hospital, under the care of Professor Zweifel during the years 1891-99; (2) a discussion of the merits and applicability of the different ways of effecting delivery when the pelvis is contracted; (3) a general summary, embodying rules for practice. The last section is that which will most interest practitioners; and the first and second parts form the basis upon which it is founded.

Dr. Krönig has been taught to look at midwifery practice from the point of view of those who teach as the first and soundest principle of obstetric art that "meddlesome midwifery is bad." In the eyes of some the great desideratum, the sacred ideal, is natural delivery; artificial aid is to be used as seldom as possible, and to be postponed until natural delivery is out of the question.

This view was beyond all question right at a time when every obstetric operation meant a possibility, and some probability, of septic infection. But since the introduction of antiseptics, the common operations in midwifery are no longer in themselves dangerous; and it is recognized that in labor with contracted pelvis much graver consequences come from postponing aid till too late than from resorting to it without necessity. Hence some modern obstetricians teach that it is the duty of the accoucheur to find out as early as possible the existence of disproportion between pelvis and child, and apply appropriate treatment. Dr. Krönig partly accepts this view.

We may briefly summarize the practical points in his teaching.

If the size of the pelvis is such that it is possible for a full-term child to pass through it, labor should not be induced, and no operation should be done until prolonged observation of the course of labor has shown that a favorable issue for mother and child is improbable. The indication here for interference when the presentation is normal is, that after rupture of the membranes, in spite of continuance of strong pains, the head does not enter the pelvis.

If observation of the course of labor has convinced the accoucheur that the spontaneous birth of a child is impossible, then the choice between symphyseotomy and Cæsarean section arises. Both operations have given results that justify

us in offering them for the sake of the child; but if, by waiting, the life of mother or child has become endangered, then these operations are to be discountenanced and perforation preferred to either. If the mother is feverish, the liquor amnii decomposed, or any other sign of microbic infection is present, neither Cæsarean section nor symphyseotomy should be done, but perforation preferred.

Symphyseotomy ought not to be preceded by an attempt to deliver with forceps.

Some ill results attributed to symphyseotomy have really been due to preliminary attempts at forceps delivery. Dr. Krönig says he has not found any great advantage from Walcher's position.

After symphyseotomy he thinks delivery is best left to nature, aid being given only if mother or child is in danger. Forceps or turning after symphyseotomy lead to injuries to the soft parts which are likely to discredit symphyseotomy. This operation should remain a preliminary measure only. Dr. Krönig seems not to have heard of subcutaneous symphyseotomy, for some of his remarks upon the operation apply only to the open method of performing it.

In pelves so contracted that the conjugate measures 7 to 7.5 cm. (2 3-4 inches to 3 inches) Krönig thinks that neither symphyseotomy nor Cæsarean section ought to be performed in first labors, because the knowledge gained by observation of previous labors as to the power of the uterus is not available. In transverse and breech presentations these operations are not to be thought of till by external version a head presentation has been produced. Krönig thinks that neither the induction of labor, prophylactic turning, nor the application of forceps, when the head is above the brim, improves the prognosis for mother or child in contracted pelvis. Perforation should be restricted to cases in which either the life of the mother is in danger, or, on account of unfavorable circumstances, symphyseotomy or Cæsarean section is unsuitable. An attempt at forceps delivery before perforation is best not made, for it exposes the mother's tissues to unnecessary damage. The difference in the mortality after delivery by perforation and that after symphyseotomy or after Cæsarean section is now so slight that the right of the mother of a living child to choose perforation ought no longer to be recognized. The child has a right to its life. But if the mother's life is in danger, either from fever, from decomposition of liquor amnii, or from lung or heart disease, then perforation is to be preferred in pelves having a conjugate diameter of 6 cm. or more (2 1-2 inches). Krönig rejects, rightly, in our opinion, the advice to perform Cæsarean section in puerperal eclampsia. He thinks the best time at which to perform Cæsarean section is the end of the first stage of labor, before or soon after rupture of the membranes. We must ask what is the advantage of waiting so long?

The History of Ancient Gynaecology.

Dr. Stewart McKay of Sydney, N. S. W., has written a book which contains a summary of the contributions to gynecology from the earliest times down to the age of Paulus Ægineta, and is dedicated to the memory of one whose name must bulk large in any history of gynecology in later times—Mr. Lawson Tait, the author's teacher and friend.

On account of his residence in the Antipodes Dr. McKay has been somewhat hindered in his efforts to consult all the literature bearing on the subject of ancient gynecology; but he has, notwithstanding, succeeded in gathering together and putting in readable form most of the knowledge which the Egyptians, Hindus, Greeks, and Romans possessed concerning the diseases of women.

One of the great difficulties in the way of forming a correct estimate of the amount and value of such ancient knowledge lies in the terminology; for instance, the word for womb signifies sometimes the uterus as we know it and sometimes the vagina simply. There is, therefore, the possible fallacy that when we credit some of the older gynecologists with the performance of such operations as dilatation of the cervix uteri we ought to think of dilatation of the orifice of the vagina. As illustrating this point the author gives on page 249 a useful list of the various names which signify womb, vagina, and vulva.

Atlas and Epitome of Labor and Operative Obstetrics.

Two hand atlases have been compiled by Dr. Oskar Schaeffer of Heidelberg. Both deal with obstetrics, and they are so intermixed in their scheme and have so many common qualities, good and bad, that they may be considered together.

The first, on diagnosis and treatment, is the larger, and on the whole probably the more interesting and useful to the practitioner; the second is perhaps more on the line of the routine study of the mechanism of labor which falls to the lot of the student. As an epitome it is fairly complete, though here and there a little critical selection might have been useful. It is made formidable by the array of personal names which the author is fond of attaching sometimes in series to maneuvers or symptoms. Thus we have "Veit-Smellie's (or more correctly Mauriceau-Lachapelle's) method," "Mauriceau-Veit-Smellie," "Wiegand-Martin-von-Winkel." It would sometimes be easier to redescribe the method than to give its name in this unwieldy fashion.

In addition to certain inaccuracies which may be typographic, there are obscurities of phraseology and the use of familiar terms in unusual

ways which should be corrected when the next English edition is issued. We have "palpation" used for vaginal touch. We read, that "to assist the delivery of the face, three manipulations are requisite," and find not only that they are alternative, but that the third is, "the fingers obtain a hold in the greater fontanel, and the head is drawn around the symphysis," or, again, that "artificial rupture of the membranes is permissible only . . . for the purpose of determining whether the head has entered the pelvic inlet. In the latter case, a vaginal examination must be made at once." The technique is not always adequate. No one, for example, could perform a symphyseotomy without more direction than the instructions under this heading.

Both volumes suffer from similar faults. Under deformities of the pelvis it is to be remembered "that the most scrupulous asepsis is to be observed from the very first examination, even if the accoucheur is convinced beforehand that an operation will probably be necessary." The terms, "the color of wine-yeast," "Zwieback," "milk-diet" (in eclampsia) might be made more intelligible to American readers. Such statements as "these vigorous contractions make it impossible for the fetus to change its position or even to obey the laws of gravity" do not evince that clearness of thought which is desirable, and both volumes would be improved by the elimination of much doubtful theory, physical and physiological.

Affections Chirurgicales du Tronc Femme.

Professor Polaillon, in preparing a permanent record of his surgical work, has set a good example, which many gynecologists in all countries would do well to imitate. The volume before us does not consist of a series of tables apparently designed to proclaim the author's operative success, but a complete clinical register of a great hospital surgeon's arduous experience between January, 1879, and January, 1899.

The tabulation follows the clinical reports, and Professor Polaillon dwells purposely on "ameliorations" as more important than "result of operation." Statistics, he declares, have shown, now that many years have elapsed since uterine appendages were first removed freely for inflammatory disorders, that operative success is not always synonymous with therapeutical success, and that the benignity of operations of this kind is but relative. Even the immediate consequence of the abdominal incision and amputation of the tube and ovary is not rarely death, while troublesome after-results from ligatures and adhesions often follow simple cases where there is no pyosalpinx or intimate tough attachments to intestine.

Expectant treatment answers well, but the author admits that he has observed five cases of fatal acute peritonitis following rupture of sup-

purating ovaries and tubes. The truth has long been suspected that operations for chronic inflammatory diseases of the appendages are most justifiable when they are most dangerous. The ovariectomies are instructive; just as in other countries, it appears that in France a relatively large proportion of malignant and neglected cases of ovarian tumor falls to the share of great metropolitan hospitals and famous teachers. Simple cases, not very mysteriously, come under the treatment of operators less bold and experienced.

The records of hysterectomy are instructive, but the operative statistics are not of much value, since many technical improvements have been adopted by the operator himself long after the first years of the series. The reports of breast cases are of special interest to the general surgeon. In 8 partial operations for malignant disease, 4 recurrences occurred; in 37 total amputations, 9 recurrences; in 106 total amputations with clearing of the axilla, 38 recurrences. Thus the more thorough operation shows a proportion of 36 per cent., the recurrences only amounting to 24 per cent. in simple amputation, but, as Professor Polaillon notes, the latter were largely performed in early cases where no glandular infection existed.

Points of Practical Interest in Gynecology.

In his recent work Dr. Macnaughton-Jones says: "The definition of abdomino-pelvic tumors is a matter of extreme difficulty, and very harassing to those concerned in an individual case." The value of anæsthesia in diagnosis, which he recommends, is universally admitted; but whether "most risks of blundering will be avoided" by this practice, remains questionable. As the experienced may doubtless recall, it is best the beginner be warned that when the patient is unconscious the risk of rupturing abscesses, dilated tubes, and abnormal fetal sacs is much increased.

One chapter is devoted to the question of operations for uterine fibroids. That hysterectomy has been made a relatively safe operation there can be no doubt, and many cases may therefore be now undertaken where ten years ago no surgical procedure would have been justified. But over-zealous arguments in favor of hysterectomy are much to be deprecated, and the author himself, though an advocate of operative interference, openly admits that "a tumor in which there is no evidence of any serious degenerative change, which is not complicated by gross changes in the adnexa, which is causing no serious obstruction to the bowel or displacement of the bladder with incontinence or distress, where neither peritoneal or ascitic complications are present, and the rapidity or the size of the growth has not to be considered, will certainly not demand interference."

TOPICS OF THE HOUR

Antitoxin in Diphtheria.

Dr. A. M. Phelps of New York City in the World of that city discusses the recent distressing happenings in the application of antitoxin in St. Louis and elsewhere. As he covers the ground most fully, we give him full space:

"The question arises, What is the lesson that is taught us by the St. Louis disaster? And a very distinct answer is afforded by the letter of Dr. Love. He is evidently well acquainted with the local situation, and therefore reliance can be placed on his statements, which show the criminal folly of intrusting politicians with so responsible a duty as that of manufacturing antitoxins and vaccine virus, instead of relying on reputable pharmaceutical houses for the supply of these essentials of modern life.

"In New York City, no less than in St. Louis, have we suffered from this unwarrantable interference of 'Statesmen' with matters in regard to which they are superlatively ignorant. Need anything more be said in condemnation of the system that has prevailed here within recent years than that until recently the head of the Board of Health was a layman, Colonel Michael T. Murphy, and that, when he was transferred to the Police Department, he was succeeded by another gentleman whose fitness for the post was exemplified by the reply he is said to have given to a newspaper reporter who called to ascertain his views as to the soundness of Dr. Koch's latest opinions on the subject of tuberculosis: 'Koch—Koch? Who is he and what has he done? I cannot say that I ever heard of him.'

"Other facts in regard to the Board of Health and its dabbling in municipal socialism for the purpose of making places for the boys and securing appropriations are well known to the members of the medical profession.

"Notable among them is the circumstance, testified to at a hearing at Albany, that sometimes vaccine and antitoxins are sold to other cities at lower prices than they are sold here, the only explanation forthcoming for which was that the goods referred to were old stock.

"It is but fair to state that on the staff of the Board of Health of this city there are one or two medical men of undoubted ability and standing, but they are not their own masters. If any disaster were to occur here similar to what happened in St. Louis it is more than possible that the officials in question would be made the scapegoats; but that does not alter the fact that those really responsible are men whose sole claim to the positions they hold is the 'pull' they have with the powers that be, or rather the powers that were.

"The inquiry now in progress in St. Louis may or may not result in the detection of the individuals who are to be held accountable for the gross carelessness that undoubtedly was its cause. But what then? The most that can be expected is that a cry will be raised for turning certain rascals or incompetents out and filling their places with others in no way better fitted for the positions.

"Contrast with this the position of the large manufacturing houses whose reputation depends on the avoidance of the possibility of such occurrences. They cannot afford to run the risks run by politicians; for if such a catastrophe were to follow the use of any of their preparations it would mean their practical, if not absolute, ruin.

"Surely it is time that this dangerous practice of politicians meddling and muddling in the manufacture of powerful medicinal agents should be put a stop to. It is not called for; it is the reverse of economical; and it is bound to lead every once in a while to accidental murders of the kind just committed in St. Louis.

"It is one of the matters to which, in my opinion, the municipality of New York City and other bodies similarly placed cannot too soon turn their attention."

We note that American Medicine meets this possible objection by saying that the antis will ignore the many thousand cases of success, and perniciously parade only the dozen or more cases of alleged failures. But isn't that the usual test of a matter? The majority is not necessarily right.

The weakest link in the chain is the test of that chain. If tetanus had been produced by the use of poisoned poison in St. Louis, and the matter rested upon that one instance, however distressful, there might be some passing reason for not attacking antitoxin. But the same tetanic trouble has suddenly developed in widely separated localities: from which one may safely gather that something beside the rotten-horse at St. Louis was at fault, and must be made the stalking horse. We hasten to add that in this criticism we make no attack upon the value and purity of products of the several laboratories of Mulford, Parke, Davis & Co., and others. It is the system itself which is under discussion.

♦ ♦

The Medical Profession Arraigned.

The New York Press of a recent date contains a letter quoting some of the yellow ravings of the Journal of that city, which latter journal has been measurably quiet since the assassina-

tion of our late President. Here are some of the succulent things which it has to say concerning the medical profession:

"We only wish that of ten doctors practicing at least seven could be driven out of business and the remaining three subjected to proper supervision.

"There are also in the United States more murders committed by doctors through ignorance than in all the rest of the world put together.

"We recall these cases that have recently come under the observation of this writer. . . Was not the physician who had treated him for the grip and stuffed him with harmful food an actual murderer? etc.

"He was murdered through ignorance.

"The system of licensing doctors is atrocious and dangerously stupid.

"He receives his diploma and is turned loose upon the community to kill or cure as luck will have it."

It is not unlikely that the intelligent artist who composed these thoughts that cheer and sear, but not intoxicate, gathered his information from the offices of some of those infernal medical hounds whose noisome ads. occupy about one-third of the Journal's pages, advocating their infallible cures of the filthy and unutterably foul things of the dregs of society, their free-gift of medicines, their prompt restoration of the missing menstruation, and the equally prompt return of the former leprous male or female pervert to the bosom of decent society, having passed through a reincarnation at the hands of some of these advertising sharks.

College Chaff.

The defeat of the amalgamation of the two Kansas City homeopathic colleges leads us to say that someone seems unduly busy to get advance news in homeopathic circles. We have but recently recovered from that million-dollar bequest to one of our homeopathic colleges; now we are called on to begin all over again and live down this newer lie. Kansas City is rapidly forging to the front as a virile city, and especially in relation to its homeopathy, since it is able to keep up a factional and professional fight with such commendable vehemence. Sometimes amalgamation—like the commercial trust—destroys competition, and competition is life. For instance, so long as Cleveland had its bitter college fight, and its two homeopathic college buildings built back to back, there were more students in either college than there has been since in any year in the amalgamated college. The competition referred to does not restrict itself to the getting of students so much

or so wholly as it does to the getting of good professors. Where there is no competition, any man may serve as a professor. Chicago has several homeopathic schools. Notwithstanding the constant biting thumbs at each other, each of these schools seems to prosper, and all have a legal standing in the eyes of the State law. New Orleans ought to have a homeopathic school, as was so thoughtfully recommended by President Hallman in his Southern Homeopathic Medical Association address. But a school at this point, or at any other in the South, will fail of materialization if the question is submitted to a committee of three, two of whom shall be members of schools already in existence, and both whereof depend upon the South as a main field for their box-office receipts. And before closing this interesting theme on colleges, we want to say that we could have said all the "hogwash" things found in a recent journal about the various colleges in about fourteen lines, instead of taking up a half-dozen pages. What is an editor thinking of who dips his pen in the molasses jug and smears and bewrays each college in this saccharine stuff. Why not say it in a half dozen words, thus: "Our colleges are all hot stuff!"

♦ ♦

An "Absent" Treatment for the Christian Scientists.

The jackal half closed his eyes, curved his fingers around, and then looked through them in the good old drawing-master way, and tried to find enough to make a sketch (in proper perspective) of the models posing, a few weeks ago, in our Assize Court as types of Christian Science. Alas, the attempt failed. Nothingness does not lend itself to curve and line. "Matter is not—all is Mind." (?)

This is the introductory paragraph in an editorial (Can. Jour. of Med. and Surg.). The writer proceeds as follows: If Christian Science embodied (I beg the cult's pardon) simply a religious belief or form of worship, no medical journal would be found having aught to say against it. With any form of religion or agnosticism medical journalism has nothing whatever to do, and medical men have not the slightest wish to pose as spiritual experts. They are, however, fully equipped and capable experts upon all that assails or deals with the human body, and they are jealous of the honor of their profession, and will never unfurl the white flag of truce to such enemies of public health as the Christian Scientists by their actions have shown themselves to be. These peculiar people refuse to recognize their present physical "make-up"; they assert they are bullet-proof; in fact, as they have done away with any material body, and "all is Mind," they must believe they are flying around in their minds. Would to God they

were; they would do much less harm a-singing in "the choir invisible," instead of croaking about eczema, dyspepsia, diphtheria, with which they have been afflicted in their thinkers!

Somehow, a couple of weeks ago enough of them to fill a courtroom blew in, and their apparently very material selves filled all the available space, and without modesty young women stood up and told of "gatherings in their heads," "tonsillitis," and other ailments cured by Christian Science treatment "at home" and "absent." Continuing, they still further unbosomed themselves by asserting that for years they had not been subject to disease, in fact had been "kept from error" by Christian Science. Oh, tell the truth, people—kept from disease by the very material supervision of Dr. Charles Sheard and his competent workers; kept from disease by that grim sentinel called the Public Health Board; kept from disease by your honorable neighbors, who respect the material Temple and consent to its isolation, and the placarding of the spot they call Home, as a warning and a protection to you lest the plague should come nigh your dwelling and one of your household "pass on" attended by a Christian Science healer.

How shall we treat this spook that is trying to appear and appeal to the medical world? Immortalize her in a poster; surely she is a fitting subject. Material nothingness has neither shape nor make, like unto a woman in a "raglan," neither fore nor aft to her—and tell us, do you know which way she is going?

♦ ♦

The Law of Heredity—A Materia Medica Study.

Mercurius and Sulphur, the former represented as male, the latter as female, are married and their individualities and idiosyncracies excellently portrayed, as also those of their two offspring, Cinnabaris, and Mercurius-sulph., by Dr. F. E. Gladwin of Philadelphia in a paper published in *The Hahnemannian Advocate*.

The paper is in splendid form, and, to those who are familiar with the subject, serves to refresh the memory and bring to the front the leading symptoms of these remedies—the parents and children—which perhaps the majority of practitioners have forgotten since they left the hard benches of the old-fashioned college. To those who are not familiar with the progeny, the manner in which they are put in juxtaposition, while most interesting and at times clever and comical, will tend to some confusion. It is like the old recipe for making lye: after faithfully describing the process the narrator forgot whether it was necessary for the spoon to float or to swim. In this paper it is sometimes troublesome not to mix "them" children up. However, we publish the paper in full, because it is "breezy," well written, and giving undoubted evidence of the fine analytical materia medica

knowledge of the author. May he write a long bead-roll of this class of papers:

Who would suppose that Mercurius and Sulphur would ever marry, or, if they did, that each would choose the other?

Sulphur is such a philosophical woman, always studying out things, inventing things. 'Tis true she is lazy, but laziness "is the mother of invention." Mercurius is just the opposite; he has a slow intellect, he couldn't invent anything if it were to save his life. While Sulphur is lazy and it's a great effort for her to rouse herself to work, Mercurius can't keep still a minute.

As would be expected in such a mismatched pair, she scolds him because he won't keep still; and he grimaces and scolds back because she don't keep the house clean. Poor Sulphur never sees a bit of dirt; then she sits and weeps, but is quickly penitent; then they make up again and forget the quarrel.

Out of this marriage two children were born. Red Sulphide, known as Cinnabaris, was the first born. He grew up and made a wide reputation for himself. He was more like his father. While Sulphate, Mercurius Sulphurius (Turpethum) born many years later, is little known and is more like his mother.

Cinnabaris' mind is clear and cheerful, but he don't bother his head over metaphysical subjects as his mother does; he is lazy and neglects things; he is easily provoked and irritable, but don't remain so. In this he is like his mother. Cinnabaris wants to be alone, but he inherits that from both parents.

Mr. and Mrs. Mercurius-Sulphur had great trouble with their children, just as they should have expected.

Little Mercurius-Sulphur had a weak stomach, couldn't keep anything down a minute, vomited food and yellow bile. He was more like his father in that respect, though his mother's stomach gave her trouble at times.

Cinnabaris had an occasional sick stomach, then he would belch and feel better; both children felt better after vomiting.

During his second summer little Mercurius-Sulphur had cholera infantum. How could he escape it with that stomach and a lazy mother? Vomiting and diarrhea. In diarrhea he followed his mother's example, the stool coming first thing in the morning; the difference is the mother was driven out of bed by the stool, while Mercurius-Sulphur was already up when the stool came. Expulsion of stool is sudden, stool watery, yellow or white, burning anus. Cinnabaris didn't have cholera infantum, but when he was older he had dysentery. Stools were green mucus or bloody, and like his father he was worse at night, but the stool of Cinnabaris stained the skin about the anus copper color, while Mercurius did not.

Little Mercurius-Sulphur had hydrothorax,—inherited that from his mother,—and like her he

suffered from great dyspnoea, so that he could not lie down. His attacks were worse in the afternoon, while his mother's attacks came during the night. Cinnabaris being like his father, escaped these attacks.

When the children became older they followed their father's example, joined a club and became "one of the boys," going out nights, etc., hence got into trouble just as their father did before them.

Mercurius-Sulphur's specific disease was attended with intense congestion to the parts and swelling of the testicles, but it was easily suppressed.

Cinnabaris succeeded in having his first attack of gonorrhea suppressed, but he contracted the disease a second time, and afterward added syphilis to that; then there was trouble. He took mercury and iodide of potassium without end, but could not wholly suppress his diseases. The yellowish-green discharge continued a long time; he had syphilitic phymosis, in which the prepuce was terribly swollen, became purple and ulcerated; he had syctic excrescences, and when he had finally succeeded in suppressing these demonstrations of his trouble he had syphilitic ulcers in the larynx, gonorrheal rheumatism, syphilitic iritis, nodosities on the shin-bones, etc. Mercurius-Sulphur had ulcers on his ankle and gonorrheal rheumatism as a result of the suppression of his disease; like his father his pains are worse at night.

Mercurius-Sulphur has much burning; there is burning of the mouth and tongue, burning of the face and ear, burning in the throat, burning in the chest, burning in the abdomen, burning in the anus, and burning in the feet. Cinnabaris has some burning, but not nearly so much as Mercurius-Sulphur. They are more like their father in this, though their mother has a good deal of burning also. If you should look into Mercurius-Sulphur's mouth you might think it was his father, for you would see the same bluish color of the gums and ulcers, but his mouth is more likely to be dry than the father's. Cinnabaris also has ulcers in the mouth, but they are more likely to be upon the roof and in the throat. Both boys and the father are worse from walking about.

When the family go to bed at night, trouble begins. The father's trouble begins even earlier, for in the evening he notices an itching, like flea bites, all over the body, especially if overheated. He hurries to bed because he feels better when he gets into the cool sheets, and soon falls asleep, but as soon as the sheets become warm he awakens, nearly crazy with the itching. He feels a little more comfortable after scratching, but must get out of bed again and let the sheets cool off before he is relieved.

The mother gets nicely settled in bed, when her itching begins. It is here, there, and everywhere all over the body. She scratches in one place, then another, until it bleeds. The scratch-

ing is followed by a sticking or burning, which she can endure better than the itching. Cinnabaris itches in many places at night, and the more he scratches the worse it itches. Little Mercurius-Sulphur gets off more easily than the others, for he itches only on the scalp and nose. The whole family pass restless nights.

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Epistaxis and Hamamelis—A Clinical Report.

Dr. A. C. Tenney of Mt. Vernon, Ia., in a paper contributed to The Clinique, discourses most interestingly and instructively on epistaxis, defining and explaining the causes, describing the delicate structures which are the seat of the hemorrhage, and, in general, reviewing the causes, from infancy to old age.

"It has been my lot," says Dr. Tenney, "to observe the following varieties of epistaxis: First and most common, that resulting from an ulceration on the triangular cartilage, in persons suffering from a nasal catarrh; second in frequency, general venous oozing from the same region, or farther back on the septum, or from the turbinated bodies, due to hemophilia, etc.; third, hemorrhages resulting from injuries.

"The treatment which has been most successful in my hands is what I wish to describe. The third class of cases are to be treated surgically, of course. In the second class, those resulting from hemophilia, I have found it necessary to correct the constitutional condition before any permanent results could be obtained by any form of local treatment. To do this I have used the ordinary ferruginous preparations, and for the immediate control of hemorrhage, hamamelis—the distilled extract—given internally in large doses, as for the control of any active hemorrhage. The dose has varied from thirty or sixty minims to two or three drams every half hour until the hemorrhage is controlled or nausea is produced. As soon as nausea develops the doses are given less frequently and reduced in size. Generally, I have prescribed one teaspoonful, to be taken four times daily until the cause and local conditions were removed or greatly improved. The hemostatic effect is generally produced before any nausea develops.

"For the immediate effect control of epistaxis the following measures have been the most satisfactory, though I have tried all the remedies mentioned by different writers. The nose is first cleansed of all clots, and the bleeding area exposed to view. Then the surface is washed with the distilled extract of hamamelis, and a plug of cotton saturated with peroxide of hydrogen is made of such a size that it can be forced, with gentle pressure, firmly into the nasal cavity and exert pressure upon the bleeding point. This plug is allowed to remain for from twelve to twenty-four hours, when it is removed, and the denuded area, or the clot which has

formed, is painted with compound tincture of benzoin. If there is very free secretion, and the compound tincture of benzoin does not adhere to the mucous membrane readily, a small cotton plug is saturated with it and placed where the peroxide plug was. This is changed daily until the hemorrhage is controlled, whether it be due to nasal ulceration or constitutional disturbance. The fluid extract of hamamelis has shown a remarkable power to control nasal hemorrhage in cases where it was the result of pernicious anæmia, malignant diseases of the liver, and hemophilia."

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The Commercial-Medical College Professor.

For several years the American Homeopathist has had to say many things uncomplimentary, but, we hope, nevertheless truthful, concerning what we designated as commercial-medical colleges—meaning by that, of course, those schools which are open only for the glorification of a handful of carpet-knights who would else be required to gain their spurs in the lists of practice. It seems almost needless to say, again, that these colleges are not the best places to which to send young men and women for thorough medical tuition. Further, that until quite recently there was only a very diaphonous partition between their legality and the most offensive and affronting of diploma mills, also only of the recent past. Of course the colleges could not have kept their shutters down and the flaunting lie up, over the front door, had there not been willing connivance by preceptors from down the country and elsewhere who wanted their students pushed through the two doors—of entrance and exit—as rapidly as possible, and, equally, as cheaply as possible—in order to give them a chance to earn something at once; the better knowledge to be acquired later, if the need was felt, when means had been laid aside,—in some post-graduate school at Chicago. The stringent laws now existent in the several States have made this form of education very much a thing of the past. And very soon the classes issuing from the graduation door will be thoroughly equipped. This process of examination and more examination, however, may, indeed, in a very few years close the doors of these commercial colleges; and even make such serious inroads upon the possible material of others of the larger and better of our schools, as to imperil their existence, unless private aid is vouchsafed.

American Medicine takes up another phase of the commercial-medical college question, which we quote in full, being the first article of the kind which has come to our editorial notice since we began our warfare upon the fly-by-night, but utterly legal medical colleges, which still fill our desk with their annual announcements, their promises of fabulous educational

facilities, and equally legendary opportunities for new doctors in the land:

"One form of commercial medical college is that in which the stimulus is not to make money directly by the fees of the students, and the sale of diplomas, but by the fees of the professors gained in consultation-practice. The poorer the medical ability of the graduate the more surely he seeks help from his professor. Thus the practices of old, capable, and honorable physicians are 'squeezed' out of existence by the 'brilliant' young ignorant 'professor,' who grabs the conditionless prize which the better man could not bring himself to accept. Sometimes one or two cunning sharpers may own the college, and use their ambitious young professors as cat's-paws to draw the chestnuts of tuition fees from the fire, while the 'consultant' is establishing his agents through the community whereby in his own way he shall soon get his reward. It is a combination of two greeds to cheat the profession and the community. Thus is the evil increased which we should be busy in lessening. The title, Professor, is meaningless, and is fast becoming worthy of anything but honor. In all such cases one will find upon careful observation, that the published 'requirements for admission' are shams, and that in fact no such requirements are required. Are you a professor in a commercial medical college? is a question the profession should sternly put to a thousand medical men in our country."

We are pleased to have a second in so eminent a journalist as Dr. Gould in our long warfare upon these palpably dishonest colleges. A few more similarly directed editorials by this journalistic Jove, and the profession will become sharply awake to the abuse of power, and after that will come correction.

In this same relation we are reminded to quote from the address of Dr. Frank Billings at Chicago in September last, where he says:

"Please pardon the digression, but I feel obliged at this point to protest against the maintenance by the profession of so many medical schools. Not one of them is too good, and many of them are so poor that they are works of disgrace to the medical and lay communities in which they exist. It is an enigma that the profession of the State will permit the existence within it of a low-grade medical school, the sole purpose of which is to advertise its medical teachers. Its graduates crowd upon them, limit the field of labor, take from, but never add to, the store of medical knowledge, and debase the good name of medicine in the estimation of the people. . . Very few individuals undertake the study of medicine without consultation with a medical friend—often the family physician. Should he not, rationally, use his influence to maintain a high standard of medical education for his own benefit, if one regard it only from a selfish point of view? What a responsibility he assumes in advising the student! If a poor

school from the educational point of view is chosen, he not only handicaps the medical student in his whole career, but if he have a conscience he must feel that he is responsible for lives sacrificed through the ignorance of the practitioner whom he has helped to inflict upon an unprotected community."

Are not these words of grave portent to all practitioners? Should not each of us take them deeply to heart; and be governed accordingly in the recommendation to our student to his future alma mater? Should we not bridle our vanity to reap the regard and smiles of the colleges in our particular State by recommending in some public function the colleges in that State, when we either speak from culpable ignorance, or from a dishonest motive?

And, further, from American Medicine, upon this special point:

"It is plain that the medical college which adopts as its motto, 'Quality rather than quantity,' must have either a large amount of virtue or a small amount of endowment, or some of both. The lower the standard of admission and the quality of teaching, the poorer it is, either in virtue or endowment. There is at present a rage for large classes in our literary colleges that is an ominous sign of educational debasement. The college president who succeeds in swelling the numbers in the classes is held to be the most "successful." That Williams College thinks otherwise and prefers by elevation of her standards to lessen the mere number of her matriculants is a hopeful sign. A number of our medical colleges are like-minded, and in view of the fact of an already overcrowded profession, with a future lessened function, it is the clear duty of every physician to encourage those schools whose standards are in advance of others. Every established physician is asked by young men whether he should study medicine or not, and at which college he should matriculate. So long as the poor commercial college is advised so long will our present educational disgrace persist, and so long does the fault lie at our doors. We have the cure of our special evil in our own hands. We must starve the low-standard commercial medical college to death or to decency."

There are many good, first-class homeopathic colleges in the land. There is no need to cripple a student by sending him to some poor "stick" of a concern, because we happen to be in interested friendship with some of its professors; or because the school happens to have cast its circus tent near us, on the farther open lot. Beware, brethren, of this danger! As homeopaths we have a still greater danger to apprehend,—namely, the disappearance in toto of all semblance of homeopathy from these cheap schools, with their cheap professors, both of which still, in some parts of our land, fill and offend the river front of the profession. A good homeopath is a successful physician. A success-

ful physician needs not the bolster and upholstery of a cheap college. Hence the cheap colleges,—those kept in existence either from spite (opposition to some other local affair) or from local or State pride, will not contain many true homeopathic physicians. And hence, finally, these aggregations of ethical advertisers are a distinct and brandishing menace to honest homeopathy.



A Soothing Application for Burns.

Dr. B. P. Wilson of Reddick, Fla., tells in the Medical Council how to quickly soothe severe burns:

There is perhaps no injury that is the cause of more intense suffering than burns, and none in which the victim begs more piteously for relief. A number of new remedies have been brought before the profession during the past decade, some of which are far superior to those used a quarter of a century ago, when the old carron oil was the standard remedy.

For years I used a dressing of castor oil, to which was added one or two drams each of carbolic acid and acetate of lead. Finally I learned somewhere of the use of a mixture of castor oil with white of egg, and found it so much better than anything else I had ever known, that I now rely entirely upon that alone. It is easily obtained, which is not true of some of the new remedies. It is cheap, and easily prepared and used. It certainly allays the pain quicker and causes the surface to heal more rapidly than anything I have ever used.

The eggs should be broken and emptied into a bowl, and the castor oil gradually and slowly poured in while the eggs are being rapidly beaten, enough oil being added to make it the consistence of a good thick creamy paste, and, when in this condition, spread it upon the surface with a feather. Of course, some mild antiseptic could be added if desired.

The application should be repeated often enough to prevent its becoming dry or sticky. I leave the surface uncovered, if possible, because, in the hands of ordinary attendants, if cloths are used, they are apt to allow them to become adherent and injure the burned surface in their removal.

Also, I have used it upon blistered surfaces where they have become red and painful, or in the condition of an aggravated burn, and in my experience it has never failed to give instant relief, allowing the sufferer to drop into a sound sleep in a few minutes.

Comments.

We would urge upon the homeopathic profession, especially, the vital importance of conducting, under the most careful conditions, a series of experiments with a pure diphtheria antitoxin minus the carbolic acid, and another series with the carbolic acid minus the serum, for the purpose of accurately determining the relative value of each, and to eliminate, if possible, the element of danger now known to exist in the composite serum.—Editorial (The Critique).

So far as the moral advantages of circumcision go, I fail to see them. They are purely hygienic and physical. I have been thrown in contact, socially and professionally, with many of the circumcised and the uncircumcised. I have failed to note any essential difference in their morals. I have found syphilis and gonorrhea in both conditions. I have found virtue and immorality in both.—Walter Sands Mills.

Pure water, nature's universal aseptic; it muddles no brains, it fills no asylums or prisons, it begets no anarchy; but sparkles in the dewdrop, glows in the peaceful rainbow, and flows in the river of life close by the throne of God.—Nathan Smith Davis.

In treating ordinary cases of epistaxis it is best, if possible, to avoid plugging the nares, especially as it is frequently done hastily and roughly. Then if the plug be left too long pressure-necrosis results with an aggravation of the epistaxis. Again, if the plug be septic, a serious inflammation of the nasal cavity and of the adjacent sinuses may result. In some persons severe neuralgia and headache may develop, in others there will be excessive secretion, and the plugging of the nostril is always objectionable both from the point of convenience and the æsthetic effect.—A. C. Tenney.

—Dr. Wm. B. Clarke sends the two accompanying morsels, which tell their own tale; the first being a floating item taken from a newspaper column, the other an extract from the Arizona Kicker:

"Dr. Oscar Gerber, son of Robert Gerber of Orange, N. J., has been appointed instructor of phosphetic dentistry in the dental clinic at St. Petersburg, where he will teach the latest American methods."

"Dr. Johnson is the last physician to hang out his sign among us, and he is said to be rapidly building up a practice. If it turns out that he knows a case of the whooping cough from a compound fracture of the leg, we shall be glad of his coming. Most of the other doctor in town picked up their knowledge in a blacksmith shop."

Correspondence.

Treatment of Epilepsy.

. . . I wish some of your readers and correspondents who know would give us a specific for epilepsy. That even severe cases can be cured I am a witness. But those who know the proper remedy keep it a secret, for the purpose of selling their medicine (patent) at a high price. I myself have had to resort to these patent medicines to cure it, but have not learned what ingredients these three-dollars-a-bottle medicines contain. I have a bottle by me at present, and expect to get it analyzed by a good chemist. In the meantime I should like to hear from your readers as to what remedies they have found beneficial in epilepsy, and then compare notes. Surely if this terrible disease can be cured the whole profession should have it, not a select few. Please take up this disease as a special study for your readers during the first part of the year 1902.

Respectfully,

MARTHA H. WOFFENDEN, M. D.

907 East Fifth Street,
Los Angeles, Cal.

[Dr. Woffenden makes a plea which should find a prompt response in the heart of every true physician. The combat with this frightful disease is one of the most formidable and discouraging that has yet been found of the possibly curable conditions. Many remedies have been vaunted in the times past as the cure therefor, but after a few sporadic successes all seem to fail of proving good any longer. The giving of bromides has had the longest run. But even this is dying out. That any one medicine or drug may be made a specific for this or any other disease is against the logic and policy of our school of medicine; but that this one remedy, if it is ever found, may be made to apply to a vast number of allied cases by modifying it in various ways to suit individual conditions seems reasonable enough, and we trust may in time become a fact. Long years ago when we were yet in the college as a student, Professor Kershaw suggested the use of amyl nitrate, not only as an inhalant, but as a proven homeopathic remedy for this disease. As a preventive we have many times made use of it, and with good average effect. As a cure for the disease we have failed with this as we have with almost everything else, when applied for the name of the disease rather than to the patient. We cordially invite our readers to send in their experiences in order that from the multitude of counsel wisdom may flow, and much good accrue to our profession in the treatment of epilepsy.—Ed.]

Cleveland Correspondence.

The fifty-second year of the Cleveland Homeopathic Medical College is progressing very satisfactorily to its corps of teachers, who are most deeply interested in it. While the class is not as large as it has been, they are earnest men and women, who show in their work a better training than have the classes of former years. This is undoubtedly due to the fact that the standard for admission to medical colleges has been raised recently. This latter fact, too, may account for the fewer number of matriculants which have come to the college this year. It is the case not only with our own college, but with the other medical colleges in the city, that the freshman class is unusually small. We are to be congratulated in the fact that our class numbers as many as the freshman classes of both the other colleges together. Those who anticipate attending college will not come to Ohio to matriculate and undergo the rigid preliminary examination when they can go to colleges in other States and be admitted without it. It is a fact that all but three or four of those who matriculated this year presented credentials which admitted them without examination, while the registrar, in his correspondence, had letters from a great number of men who have evidently matriculated in colleges in other States for the above-named reason.

A rather important acquisition to the faculty, or more in the nature of a return to college work, is the appointment of Dr. B. F. Gamber as lecturer on hematology. Dr. Gamber, as many of the alumni remember with pleasure, was connected with the college away back in the '80's, but for the past few years has been living in California. During his residence there he made a special study of the effects of climate upon the blood, and this led to a critical investigation of the blood, and diseases which are intimately associated in their etiology with this condition. Hence it was that upon his return to the city he was invited to meet the senior class in a special course of lectures, which has proven profitable to them.

The work of the senior class in the dispensary has been exceptionally good, and very profitable to them.

The finances of the college are in better shape than they were a year ago, due to the payment by Mr. M. A. Bradley and his sister of an optional bequest from their mother. The management is somewhat embarrassed, of course, in their possession of two large buildings, and while the work could be done in a smaller space, nearly all of the rooms are being utilized, thus avoiding entirely the feeling of being crowded. The policy of the management is to hold the property for the present, because of the rapid increase in value which is affecting all real estate in that vicinity. We hope, however, that the

time is not far distant when both the college and the hospital may sell their holdings and re-establish themselves in a place more suitable in location, and which will give them an opportunity to grow.

In view of the fact that one of its professors is the Institute president, the college is expecting to take a prominent part in the entertainment of the guests who will be in the city during the coming meeting of the American Institute of Homeopathy. All plans are on foot for a suitable recognition of the society, and particularly of the colleges so closely related to it.

In speaking of the college work, perhaps the most interesting point is the fact that clinics at the City Hospital have been re-established. The college is represented on the staff by Professor Frost and Professor Nobles of the surgical department. During this term Professor Nobles has been holding a clinic each Friday morning, taking up from two to three hours, and showing the senior class a variety of cases selected from the wards of the hospital. It has been voted by the class as a splendid move on the part of the faculty.

It would perhaps not be out of the way to speak of the loss by death of one of the best friends the college has ever had. We refer to Dr. John A. Gann of Worcester, whose death resulted on the 26th of November, being the indirect result of a cerebral hemorrhage which occurred about six months ago. Not only is the college a loser in Dr. Gann's death, but the entire Ohio Profession have reason to mourn his loss.

* * *

Philadelphia Pellets.

A chapter of the Ustion Fraternity has been organized among the students of Hahnemann College, and is in a very thriving condition even at this early date. The Fraternity rooms are found at the corner of Fifteenth and Spring Garden.

The Christmas holidays open December 20, and work will be resumed January 6. This gives the men an opportunity to secure some recreation after three months of hard work, and to prepare for the spring tasks.

The Hahnemannian Institute held its December meeting on the 4th of the month, and all who attended listened to a most delightful talk given by Dr. W. Mitchell of this city. The next meeting of the Institute will be held January 6, when Dr. John L. Moffat, Secretary of New York State Homeopathic Association will speak upon "The Present Status of Homeopathy." Lehman of the class of '02 will also read an essay.

Dr. Ernest B. Smith, 1900, of 1306 North Sixth Street, Philadelphia, was married to Clementine S. Balfour, October 30.

Drs. W. F. Doyle, '96, of Pottsville, S. Sparhawk, '93, Burlington, Va., were college visitors for a few days during the early part of December.

The Junior Class in its annual election made the following most excellent choice of officers: President, Smith; vice president, Mitchell; secretary, H. Lambert; treasurer, Wood; Editor, Fox; Valedictorian, Ely.

The Intercollegiate meeting of the Y. M. C. A. was held in Association Hall, and was largely attended. The meeting was a most enthusiastic one, and the students had the privilege of listening to some most excellent and helpful talks. Six colleges were represented: Jefferson Medical, Medico-Chirurgical, Philadelphia Dental, Pennsylvania Dental, Philadelphia College of Pharmacy, Hahnemann. Professor Platt represented Hahnemann.

The election in the Senior Class resulted as follows: President, Lehman; vice president, Adair; secretary, Prior; treasurer, Brown.

The Freshman Class organized by electing the following officers: G. H. Duncan, President; E. W. Bullock, vice president; W. Hanlin, Jr., secretary; W. W. Wilson, treasurer.

A new book, entitled "Practical Medicine," by F. Mortimer Lawrence, A. M., M. D., Assistant in Practice of Medicine in Hahnemann College, and Chief of Medical Clinic, Hahnemann Hospital Dispensary, Philadelphia, has been very recently published by Boericke & Tafel, and already enjoys a wide sale among our students. The book is intended for students, and for this purpose is most admirable.

The doctor is very popular among the men, and he has been fortunate in being able to infuse much of his personality into his book, and so we as students are enabled to study from his work, not as from inert pages of medical literature, but rather from a living, magnetic personality. The book is a real help.

The Hahnemannian Monthly, in an editorial on Quackery, and in speaking of an Institute of Mechano-Neural Therapy, makes this statement: "A statement made in regard to a new student is of special interest to us. It is said that this student spent two years in Hahnemann Medical College of Philadelphia, and after having been in the Mechano-Neural College for three weeks, says he has learned more than he learned in two years at Hahnemann, and regrets the time he wasted there." On inquiry we learn that the faculty of Hahnemann always regretted the time he wasted while under its charge, and are glad that he has come to view his conduct in the same light. They had, however, no idea that he was quite as neglectful of his duties as his statement

would make him appear; to be able to do in three weeks what he did not do in two years argues a bad past, but may point to a more hopeful future."

This article needs little or no comment, for it is students of this class who bring reproach upon a profession; but it seems almost providential that some new form of quackery can rid us of such useless material.

Dr. Snader, while examining a chest in sub-clinic, casually remarked that the patient was a remarkable example of "too much Venus and not enough Mercury."

Dr. Wm. Boericke, '80, Professor of Materia Medica at the San Francisco Homeopathic College, was a college visitor, on his return from Europe.

Dr. I. G. Shallcross, '87, has removed to 1637 Arch Street.

The newly elected officers of the Sophomore Class are: Betz, president; Baker, vice president; Benite, secretary and treasurer; Leas, class editor.

Detroit Details.

General satisfaction is expressed here in the selection of Cleveland as the place for holding the next meeting of the American Institute. Detroit and Michigan will be well represented.

Professor D. A. MacLachlan attended a recent meeting of members of Boards of Health of the State of Michigan at Ann Arbor, reading one of the papers.

Professor C. G. Crumrine recently had an interesting case of fracture of the skull at St. Mary's Hospital. The patient was a young man who was struck by a street car, and had been in the hospital unconscious for about thirty hours from what was diagnosed as concussion of the brain. The professor was called, and diagnosed fracture, and upon laying open the scalp three fractures were shown and photographs taken of the case. By trephining, the case regained consciousness and was getting along nicely until the ninth day, when the patient died from malignant diphtheria, which he developed in some unknown way.

A telephone has been placed in the medical department of the Public Library, so that members of the profession can keep in touch with their offices while visiting the library.

The Homeopathic Practitioners' Society meeting for December was held in the chapel at Grace Hospital on the evening of Dec. 5. Professor George G. Caron read the paper on the

"Care of Infants." Discussion by Dr. R. H. Stevens and others. Professor Caron started out with the assertion that the majority of infants were bathed too much during the first few months of life. Also that the customary immediate bathing of infants after birth was injurious.

Five members of the 1901 class of Cleveland are located in and about Detroit, as follows: Drs. F. C. House and Ed. Hoff are at Grace Hospital. Dr. R. N. Ganow is located in Wyandotte, one of Detroit's liveliest suburbs, and is lecturing to first and second year classes at the D. H. C. Drs. Wm. Diebel and Walter K. Hoffman are practicing in Detroit; the latter is also taking post-graduate work at the Detroit college.

DETROIT HOMEOPATHIC COLLEGE NOTES.

We have a lady student in the first year class from far away Syria. She had already acquired a fair use of English at the American mission in Syria.

The Ladies' Society of the Detroit Homeopathic Dispensary have equipped the new college dispensary in furnishings and supplies. The ladies have kept up their reputation of doing things right.

The Hahnemannian Society of the college will be reorganized immediately after the holidays, and hold regular meetings thereafter.

Ohio is well represented in the college this year, eight students registering from the Buckeye State. Ohio is also supplying some clinical material for the benefit of both students and professors.

The Senior Class recently organized with the following officers: President, H. O. McMahon; vice president, Dr. W. K. Hoffman; secretary, C. S. Strain; treasurer, Mrs. Francis Way.

The Juniors have the following officers for the year: President, A. G. Studer; vice president, F. A. Kelly; secretary, Mrs. Ora A. Wigle.

The class of 1901 of the D. H. C. are located as follows: Drs. Bruce Anderson and F. D. Stricker are practicing in Detroit. The former is lecturer on pathology and the latter is demonstrator in urinalysis in the college. Dr. H. O. Obert is located in Monroe, Mich., and Dr. C. M. Burton in Hastings, Mich.

Professor Olin has returned from a three weeks' hunting trip in the northern part of the State, his return pleasing both his students and patients.

L. F. C. Wendt, of the Senior Class, has

moved his family from Coldwater to Detroit, expecting to hang out his sign here in the spring.

The examinations have been posted for the week beginning December 15, and the students have begun to look serious.

The D. H. C. football team has disbanded for the season, as no further time could be spared for practice. They played several very creditable games, and Captain Broderick is a hustler in this line.

Clinics are on tap now so plentiful that the student hardly knows which ones he had better miss. The college dispensary having a downtown location is carrying large clinics in all the departments. Grace Hospital has opened her heretofore rather exclusive doors to the city patients at the prevailing rate, with the result that the wards are crowded and the seniors and juniors have bedside clinics a-plenty, and hardly a day passes without some of our surgeons or gynecologists having operations for the classes in the amphitheater.

The annual examination for appointment of internes at Grace Hospital is announced to take place the latter part of December.

St. Louis Sayings.

We have an unusually large freshman class this year, and a decidedly larger attendance than last year.

Our clinics, which are the pride of our institution, are growing rapidly as the term progresses. Our eye and ear clinic, under the able supervision of Dr. Jas. A. Campbell, is very large this year, handling from twenty-five to thirty cases during his hour on Tuesday afternoon. Our Hahnemannian Quiz Society, in which the students as a whole take great interest, is doing most excellent work this year. A new feature of the work of the society is its spelling-bees, recommended by our dean, and in which the whole school participates, medical words selected from our text-books being placed on the board and studied one week prior to the meeting of the society. This work seems to be very beneficial to first and second year students, as medical words and terms are rather foreign to the mind of the earlier classmen. Our school seems to have a decided advantage over other schools in the city in regard to practical work.

Our professors take special pains to take members of senior class to all private operations and obstetrical cases possible, and there are none in senior class, and few in junior class, who have not seen one or more labor cases—not only seen but actually assisted in the work.

The students have access to these hospitals—

Good Samaritan, Children's, and City, the two former being under homeopathic management.

The Children's Hospital is a very active institution, especially in a surgical way, since the addition of a new ward and operating room, which is one of the best in the city. Our students alone witness interesting operations there each Saturday from 11 A. M. to 1 P. M.

Mr. S. L. Baird of the senior class of the St. Louis school is recovering from a severe attack of typhoid fever.—The annual Thanksgiving ball of the college was given on November 29 in the new laboratory. The affair was enjoyed by all.—The Tenth Street clinic is doing excellent work. It is obstetrical in its nature, and under the direct management of Professor Boyce for the benefit of the senior class.

Unconscious Homeopathy.

I have no regular treatment for anything, but, of course, frequently use the same treatment in different cases where the same drugs are indicated, but may use a different size dose or more or less of them. A physician ought to study his materia medica and give whatever is indicated. Common sense taught me atropine would be good in croup long before I ever saw an account of its being used, yet I have never had occasion to test thoroughly its merits; it might be the atropine, or belladonna, stopped the croup in my case right now, and I thought it only a mild case of the disease.

I believe it was Bill Nye who said, "If I were a physician I believe I would treat the patient and not the disease." There is considerable truth in his view of this habit physicians are getting into of making diagnosis of different cases and prescribing the same medicines, doses and all, for each disease.

This extract is taken from a paper originally published in N. E. Med. Monthly, and abstracted—(not stolen) in the Charlotte Med. Jour. It is by Dr. W. L. Smith. Wonder if either of these afore-mentioned journals noted the underlying line of homeopathy—for this, truly and honestly, is the underlying line of homeopathy: treating the patient and *not* the disease.

Relative by Bornation.

A little miss of five, living in Washington, conspired with her brother, aged four, to save enough pennies to buy papa and mamma presents. A friend of the family noticed that mamma's present was much finer and more expensive than papa's, and was impelled by curiosity to inquire why the bulk of the savings had

been expended for the mother. The little miss replied: "Well, you see, papa is only related to we children by marriage, while mamma is our relative by bornation."

Christian Science Logic.

Physicians will no longer object to the new "science," for a woman of New Britain, Conn., who is a Christian Scientist, maintains that mosquitoes have brains and reasoning powers, that it is "outrageous" to kill the "little harmless insects," and that all that is necessary is to reason with them. She says:

"If a mosquito is troubling you just speak to him kindly and say, 'Look here, my friend, you leave me alone and I'll leave you alone.' Then believe that he won't bite you! Even if he does his sting won't hurt. I have done this for years and now enjoy having the pretty little things around and listening to their musical buzz."

Antiseptic Snails.

"An old colored woman selling snails," says the Philadelphia Record, "occasionally makes her appearance in South Street, and sometimes she may also be found along Front Street or Second Street, up in the district that used to be known as the Northern Liberties. She carries an old basket, in which the snails repose on freshly springled leaves. These are not sold as food, but for cleaning the outside of window panes—an old practice still in vogue in Kensington. The snail is dampened and placed upon the glass, where it at once moves around and devours all insects and foreign matter, leaving the pane as bright and clear as crystal. There is a fine market for snails among the owners of aquariums, as they keep the glass clean and bright."

The Nurse's Antidote.

Wordsworth's lines of the child at play, "as if his whole vacation were endless imitation," were recently recalled by a conversation overheard in the children's ward at a provincial hospital.

A little girl, whose rôle was that of nurse, rang an imaginary telephone on the wall to talk to her companion at the further end of the room, who played the part of doctor.

"Hello!" said the nurse. "Is that the doctor?"

"Yes," answered her companion, in a deep voice; "this is the doctor."

"This lady is very ill," he was informed.

"Well, what seems to be the matter?"

"She has swallowed a whole bottle of ink," said the nurse.

The doctor, not flurried, inquired what had been done for the patient; but the nurse, too, was ready in emergencies.

She answered: "I gave her two pads of blotting paper!"

Doctor's wife—There is a burglar down in the cellar, Henry.

Doctor—Well, my dear, we ought to be thankful that we are upstairs.

Wife—But he'll come up here.

Doctor—Then we'll go down in the cellar, my dear. Surely a ten-room house ought to be big enough to hold three people without crowding.

♦ ♦

Globules.

—Dr. H. F. Biggar delivered an address at the unveiling of a marble bust of Dr. E. Ryerson on the occasion of the Convocation of Victoria University at Toronto, Friday, November 15, 1901.

—P. Blakiston, Sons & Co. have issued the usual annual Visiting List for Physicians. It is the customary good, little, handy pocket-book so familiar to the profession; and no word of ours at this time could add an iota to its deserved reputation.

—Dr. Albert E. Underhill died December 19, at his home, 465 Hancock Street, Brooklyn, of typhoid fever. He was twenty-eight years old. Dr. Underhill was connected with the Gates Avenue Homeopathic Dispensary and other medical institutions in Brooklyn, and was also a member of the Long Island Homeopathic Medical Society.

—Says a sentence in an exchange: "Congress is to be asked for one hundred thousand dollars to pay the doctors who attended the late President." Which is remindful of another newspaper paragraph which was current after the last unsuccessful effort of Sir Thomas Lipton to capture the Americus cup, which stated in a series of numbers—something short of a million dollars—how much the equable and honorable sporting gentleman had lost in failing to capture the prize. The paragraph went on to say that that was an immense sum of money to spend for a failure, and hazarded the opinion that the failure could have been accomplished with considerably less of money. The application to the case of our late and lamented President may partake of sacrilege. But we also hazard the statement that the result obtained could have been accomplished for a good deal less of money. In another journal we read of the recovery of a colored man who had been shot similarly with the late President; and adding by way of comment how perilous it seems to be to be a prominent

character in our Republic, and then be shot or cut. It could almost be turned into a neat axiom that for a President there is no greater danger than the professional treatment he may receive at the hands of prominent and supereminent medical men.

—A newspaper item recently announced that the firm of Otis Clapp & Son of Boston had been made defendant in an action brought against them by a Massachusetts physician for the bad effects upon himself of an X-ray apparatus purchased from the firm.

—Dr. L. C. McElwee, ex-President of State Board of Health of Missouri, and now occupying the Chair of Surgical Gynecology in the Homeopathic Medical College of Missouri, has recently returned from Florida, where he spent a few weeks with Dr. Wm. C. Richardson, on the latter's orange plantation.

—Dr. J. J. Taylor, the talented editor of the Medical Council, is also the parent of a first-class pocket account book suitable for all physicians because of its simplicity, smallness of bulk, and readiness for quick, complete, and legal reference. Before you buy any of the others, with their stenographic symbols and the like, call for and examine Dr. Taylor's Physicians' Pocket Account Book.

—The class of the Homeopathic Medical College of Missouri at St. Louis has introduced a novelty, which is particularly practical, in the inauguration of a spelling-bee. Our college correspondent refers to this in his letter. This is a wise step, and one to be commended, for few of the profession, perhaps, remember how difficult it was for them in passing through the years of college study, to understand the terms in use by the professors, and, how in the spelling these proved so much more troublesome. This innovation, carried along for a few years, and if copied by other colleges, will in time eventuate in better "copy" to the journals and the various societies, for much of which the editor-secretary, at the present time, needs to go over most carefully and correct the spelling. If only this same innovation could have been introduced a number of years ago, among the professors! Then some of us would not have been so luminously instructed, from a written MS., touching the gumpetector position in gynecology. And then, perhaps, also, that eminent and elegant gentleman in a former State society meeting would not have read the title of his paper as *coop de soll*, and refer to it in that term all through the length and depth of his midnight lucubration.

—Homeopathic doctors of Connecticut, in State Society assembled at Hartford, had an "observance" of its fiftieth annual meeting—having been ushered into existence in 1851. Dr. C. E. Sanford of Bridgeport was president. Many eminent professional men from Boston, Philadelphia, and New York were at the open-

ing exercises. The meetings were held in Unity Hall, where a public entertainment had been provided, consisting of addresses and music and singing. Papers were read by Drs. J. P. Sutherland, Pemberton Dudley, John Prentice Rand, T. L. Bradford, Horace Packard, and others. The pioneers who attended that first meeting were Jeremiah T. Denison of Fairfield, W. W. Rodman of Waterbury, W. C. Bell of Middletown, C. H. Skiff and E. T. Foote of New Haven, and C. A. Taft and George S. Greene of Hartford. Dr. Dennison was elected president, Dr. Rodman vice president, Dr. Greene secretary, and Dr. Skiff treasurer. It would appear from the records that at this first meeting no business of any kind was transacted other than the adoption of a constitution and by-laws and the election of officers. Of the seven physicians who met and organized the society in 1851 none are alive to-day to join in this semi-centennial celebration. A little more than eighteen months ago Dr. W. W. Rodman, the last of these pioneers, passed to his rest. The Hartford Courant, from which we select these few items, gave a most excellent report of the sessions, embellished with handsome half-tone engravings of Drs. E. B. Hooker, Hills Cole, A. W. Phillips, Horace Packard, and others. The evening of the first day was appropriately given over to festivities, a banquet in which many of our brightest representatives participated.

—"Essentials of Homeopathic Materia Medica," by Dr. Willis A. Dewey of the homeopathic department of the University of Michigan, has been translated into Spanish and is being printed in that language by a publishing house in the city of Mexico. The book has already been published in German.

—On November 9 the ninetieth birthday of Mr. Luther R. Marsh of Middletown, N. Y., was publicly celebrated by a banquet, with many eloquent speeches, in which one, by our friend Dr. Selden H. Talcott, was prominent and characteristic, and after the usual felicitous and poetical style of this eminent physician and author.

—It gives us great pleasure to inform our homeopathic readers that Dr. S. R. Geiser of Cincinnati is now Professor of Homeopathic Materia Medica in Pulte College. With all kindness to his predecessor in this important office of a homeopathic college, we believe that Pulte has done a wise thing in putting an aggressive and progressive teacher in this chair. And we look with much hope to the increase in homeopathic enthusiasm from the southern part of our State.

—Dr. I. R. Etter, in the Alkaloidal Clinic, has this to say concerning a vital subject:

Acetanilid—The coal-tar products have become of such common use among the laity as to constitute a habit of almost equal danger with opium and whisky. In the past two years I have

had an increasing number of patients to treat for sexual impotence, and in a very large per cent. of cases there was a history of the habitual use of various kinds of "headache powders," such as are sold by the druggists. I have devoted much time to the study of this subject, and am fully convinced that the constant use of this class of drugs will almost invariably cause impotence in men. Not only this, but the large number of cases of metrorrhagia, in women who have used the same drug excessively, seems beyond doubt to show some very positive connection between cause and effect. It is high time the profession should seriously investigate this subject, and raise a warning signal. Of course these remedies have their proper uses, the same as any other prescribed by the physician, and should be used under the same restrictions.

—Milk is an excellent antidote to nitrate of silver, in virtue of its large proportion of suspended albumin.

—"The Prolongation of Life" is a recent book by Dr. R. E. Dudgeon of London which we hear about, but have not seen. In its review notice of this work *The Homeopathic Review* of London outlines pretty faithfully the line of thought which the author carries through his pages; and we can readily imagine that he said some of the many square-toed, hard-headed things which are quoted. No one sitting opposite to him at a banquet table and listening to his chirpy anecdotes and his more than chirrupy little laugh at the stories of others, would suspect him of anything like eighty years. He will pass much more readily for a man of fifty. But to see him at his best, when he isn't preaching morals, or telling *How to Live Forever*, is when you are, as above stated, seated opposite to him, his monocle screwed in place, and hear him tell how he and Von Dittman went bathing in the Seine and afterwards went up in a balloon. Then you will love him and admire him and be proud that you know him. When we get his book (which we hope may be soon) we shall study it intently and endeavor, in so far as possible, to follow his rules; for he is a good example of what his rules will do.

—In his discussion of the need for a chair to teach medical ethics, our learned brother of the *Pacific Coast Journal of Homeopathy* seems to harbor the belief that its teachings should be given the student on the benches, and to them alone. Perhaps he does not know that some of the most inveterate and persistent offenders against this law of medical ethics are the most ardent champions of the said aforesaid; and that the teachers might well sit up some night with themselves and imbibe a few of their own tenets. When we first came up to Cleveland—by request—from a country to a prospective parish practice, two professors of the then Homeopathic Hospital College "sat up" with us, reciting the law gov-

erning a country doctor when locating in a city full of professoring and professional doctors. It was not three weeks thereafter before one of these mentors deliberately stole a case from us in the most aggravating way; and the other made social and church calls from house to house on Bell Avenue and industriously blacked our professional eye. Look about you, Brer. Arndt, call up some of your San Diego experiences, and then again avow that the lesson of ethics should be principally confined to the students. Some of the worst ethical scallawags are found not alone in the professional brethren around the corner, but in the self-same faculty with you. Medical ethics are right enough when they apply to gander as well as goose.

—Linen is entirely unsuited for the proper application of ointments to the skin, and still it is popularly thought essential.

—About this time of the year, or rather about the holidays, look for a number of well-written and excellent papers by that indefatigable doctor of Stamford who is given print-room in every journal of the land. A reading of these several papers discloses a line of practice running the entire gamut of therapeutics, and each department so well handled and so uniformly successful as to challenge the admiration of every reader. Why? Well, this doctor stands godfather for a most excellent proprietary article, which he takes this opportunity and any kind of pen which falls to his fist to exploit. We admire the character of the work done both as an ad. and as a sample of the actual things performed by his advertised article. It is delightful, as an editor, reading almost all the journals printed and published, to find here and there some transparently commercial advertisement, which reads modest enough to be genuine and does not in each line somewhere brazenly carry in small-caps the name of the advertised article. This doctor does not insist upon having reprinted a long string of testimonials under the diaphanous guise of original work; he takes the better, more ethical line of reporting actual cases in his own practice or of those he is personally cognizant with, and gives them the semblance of clinical work done with his preparation, and not, as so customarily happens, a lot of his profession plus a few clinical cases gathered together incidentally from those who have been made the recipient of a few gratis bottles or packages. We admire his industry, his originality, and the utter absence of offensive suggestions. N. B.—The doctor hereinbefore referred to did not write nor even suggest this notice. He could do it far better than we.

—A Philadelphia physician, who took into his house as a valet a Japanese boy, was somewhat startled the other day by the frank remark of his servant. The doctor was walking about the room in his bare feet when he stubbed his toe and tore the nail. While the valet was putting on his master's stocking he happened to touch

the injured toe, whereupon the doctor uttered a sharp cry of pain and told him to be more careful. The boy smiled, looked up at his master's face and said: "You great big baby." "What's that?" asked the astonished doctor. "In my country," went on the little Japanese, "when baby hurt himself baby cry. But after he five years old, boy or man hurt himself, he say, 'It make no matter.'"

—There is a new theory about everything connected with babies except one thing—how to get them.

—Legouve, the oldest of the French "Immortals," is ninety-four and is still industrious. It was he who said: "It is often said that God condemned man to work. This is absurd. God condemned man to live, and gave him work as a mitigating circumstance."

—Kindly Visitor—Mrs. A., what do you suppose makes you suffer so?

Mrs. A.—I don't know, I am sure; and I believe nothing but a post-mortem will ever show.

Kindly Visitor—You poor thing! You are so weak that you can never stand that.

—Doctor's wife—I received to-day a beautiful diploma from the cooking school—on parchment—and I've celebrated by making you this dish. Now, just guess what it is!

Young doctor (chewing on his burnt omelet)—The diploma?

—Teacher—"Your recitation was extremely good, Johnny. The gestures were particularly natural. Where did you get them?"

Johnny—"Git what?"

Teacher—"The gestures."

Johnny—"I aint got the gestoors. It's hives."

—"How much are you getting for that?" he asked of the doctor who was binding up the arm of a boy who had just fallen from an apple tree.

"Nothing," replied the doctor.

"Then you're a fool."

"I know it; but as its my son and there is no other doctor, I'll likely be a fool a long while."

—The boy in tears naturally attracted the attention of the sympathetic doctor.

"What's happened, my boy?" the latter asked. "Perhaps I can help you."

"I lost a quarter," answered the boy, "and when I go home I'll get licked for it."

"Oh, don't cry," returned the sympathetic listener. "Here's another quarter. How did you lose the first one?"

"Matching," promptly replied the boy. "I have no luck at all."

The American Physician.

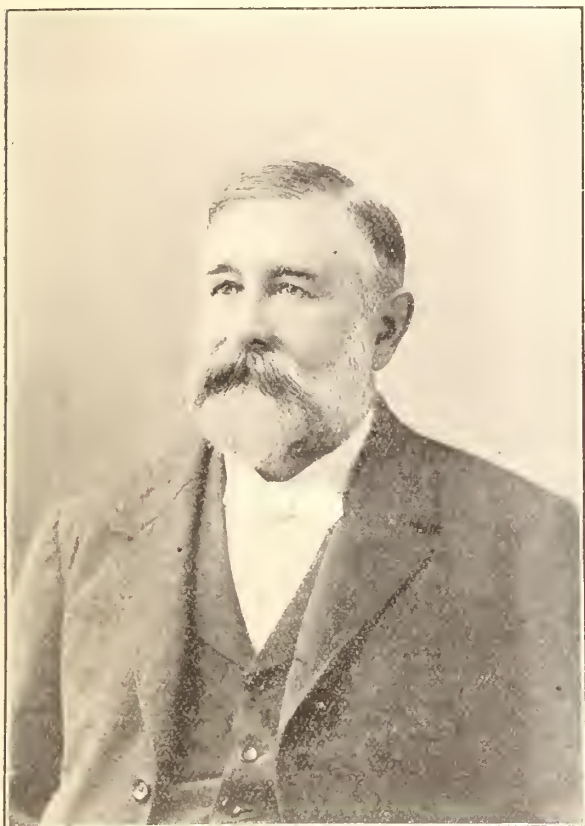
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The American Physician

FEBRUARY, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



LEONARD KITTINGER, M. D.,
WILMINGTON, DEL.

WE have on our table a medical journal which travels under the title of "The Regular Medical Visitor." As its contents are notoriously of the allopathic order it seems needless to have "rubbed-in" the word "Regular" on a profession which does not espouse that word any more than it admires the word "allopathic." Or has this Regular Medical Visitor found the need for making this unique distinction to save it from being confounded with the other Medical

Visitor which is, perhaps, still flourishing and directing the destinies of the homeopathic school of medicine.

* * *

HOSPITALS, Physicians, Nurses: The Growth of Homeopathy and the Advanced Position of the Scientific Physician" was an address delivered before the members of the Homeopathic State Medical Society and citizens of Canon City, Colo., June 6, 1901, by Dr. N. G. Burnham. Dr. Burnham has furnished a classical dissertation on his rather inclusive title; but the paper is worth all that its title implies. It takes up the several topics and makes an essay which will be treasured for its fund of information, its breadth of thought, and depth of research. Towards the close the eloquent orator brings his enthusiasm to bear upon the institutions of America, aside from those purely medical and homeopathic, and closes in a peroration of unique splendor. It is a fine effort all the way through.

* * *

A NEW venture upon the journalistic sea launched from Buffalo, with Dr. J. G. Chadwick as editor, is the Homeopathic Journal of Pediatrics. The subscription price is two dollars a year in advance. The journal is a pretty piece of printwork. It promises modestly enough to fill a long-felt want, and we think it has a place if it will keep to homeopathy and to homeopathy alone. There are several journals with pediatrics for a specialty in the other schools. And to these we would relegate the extract which appears in this homeopathic journal on its page 17. This may be homeopathic, but—it would look better in about the eighth or tenth issue rather than its first. Our new brother will find it a very difficult matter to keep the word homeopathic in his title if he admits many such papers into his pages. This is not saying that the article is not first-class. It is

only saying that homeopathy has nothing of this kind in its make-up.

* * *

THIS reminds us to echo the remark of a Western editor who wanted to know what had become of the second number of Harvey Dale's new journal? We received the second, but not the first issue, but we have not received the third or subsequent ones. What's the matter, Brer. Dale?

* * *

WHICH still further reminds us that the majority of our contemporaries closed the calendar year with an editorial promising new and added features for the new year. But this is their usual custom. It is probably a bit of Pickwickian snuff dispensed for the advertiser. For the January numbers of such as have reached us present the same old appearance as always before. The Hahnemannian Monthly signs its editorials now. Its almost namesake—The Hahnemannian Advocate of Chicago—has been promising that the Greatest Living Teacher of the Homeopathic Materia Medica would each month give one of his Superb and Original talks on Something or Other; but so far the pages of this progressive journal fail to furnish forth the promised Wonders.

♦ ♦

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

*Veratrum Viride in Puerperal Eclampsia.*⁴⁰

A summary of the replies received to letters addressed to the most prominent obstetricians in the United States by Eggar of Cornell shows that, since the pathology of eclampsia is unknown, the treatment must be empirical, and from a clinical standpoint alone. The action of *veratrum viride* in that condition is as a depressant to the pulse-rate. It reduces the number of convulsions, for, as the pulse is lowered to 60 or below, the convulsions become very infrequent. It reduces the temperature, relaxes the cervix, causes a prompt diaphoresis and diuresis. The dose is 10 to 20 m. of fluid extract, or one-half that quantity of Norwood's tincture, repeated every twenty to thirty minutes until the pulse falls below or to 60 per minute. Norris of Philadelphia states that the judicious use of *veratrum* has quieted the circulation, the nervous symptoms disappearing and convulsions are warded off. The class of cases requiring its use is that

in which is found a full, bounding pulse and patient returning to consciousness between the convulsions. Where the pulse is rapid and weak, no results are to be seen. Dose, 8 m. (measured by the indicator of the syringe) of the fluid extract, and repeated in 5-m. doses as soon as the effect of the former dose wears off. Hirst, Philadelphia, gives as the indications for *veratrum viride* strong, bounding pulse, face suffused, and the type of cases known as sthenic. In asthenic cases he would not employ it. The action is to reduce the pulse-rate; and as the pulse-rate is lowered the frequency of the convulsions is diminished. Boyd and Wilson of Philadelphia speak unfavorably of the drug. Wilson states that he places no dependence upon it. Others, replying, state that they have had no experience with the drug.

The Pains of Spigelia.

Wm. Boerick, M. D.: "1. The character of the pain is usually of a darting, stabbing character.

2. It is especially beneath the frontal eminences or temples, extending to the eyes, so he cannot turn without pain.

3. The eyes feel too large for their orbits—the intense pressive pain in them is especially noticed on turning them.

4. A similar pain in the cheekbones, lower jaw, extending to region of ear, again worse from motion.

Now, we infer from these symptoms that hyperæsthesia of the filaments of the fifth pair of nerves is one of the most prominent symptoms of *spigelia*, and because it produces such a condition and symptoms as I have given you in part we are justified in administering this remedy for similar conditions and symptoms when found in disease. And we are not disappointed.

Adonis Vernalis.

Dr. M. H. Chamberlain, Monrovia, Cal.,⁵ says that for some time he has been looking about for a remedy which he could use in cases of very low vitality, with weak hearts and slow, weak pulses. He thinks he has found the remedy in *adonis*. High dilutions of *digitalis* have disappointed him, and he has been afraid to use *digitalis* in tincture in these cases "for fear of breaking still further the low vitality left in the heart." He also dislikes to use *strychnia*, because he has found it to be too irritating to the nervous systems of these patients. His experience with *adonis* proves it to be a safe and valuable remedy. Five or ten drops of either the tincture or the first decimal dilution are put into a half-glass of water, and teaspoonful doses administered every hour or two. It has improved the strength and rapidity of the pulse in a few hours. It seems to act best in cases in which there is little blood in the arterial system, but too much and too high

a pressure in the venous system. So the author uses it in very weak heart with valvular troubles, and "where the richness of the blood has been destroyed or deteriorated by septic or toxic conditions, as in Bright's disease, with dropsical swelling and scanty and albuminous urine; or after diphtheria, where the pulse was slow and weak, being only 50 or 60 per minute."

[Hale cites the case of a laborer suffering from chronic valvular disease with dilatation. After the use of adonis the heart diminished in size, the congestion of the lungs, well marked, almost disappeared; the œdema of the legs and the ascites disappeared entirely; palpitation of the heart and dyspnea diminished so much that the patient was discharged from the hospital and returned to work.]

The Use of Veratrum Viride in the Treatment of Pneumonia.

E. W. Saunders³⁹ recommends the use of this drug in the treatment of pneumonia, owing to the fact that it diminishes the pulse-rate, lessens arterial pressure, and diminishes the number and depth of the respirations. It also reduces the temperature from one to three degrees, and gives the patient a feeling of well-being.

The writer says the great objection which has been raised against this drug is that it depresses and weakens the heart. With great care in the administration of the remedy, the heart should not be weakened; in fact, the quieting of the arterial excitement rests the heart. There is a stage, however, beyond which the drug acts as a great depressant. If veratrum is given in large doses, the heart becomes very slow, and the blood-pressure falls; but suddenly the blood-pressure becomes normal or increases above normal, and the heart-beat becomes very rapid. This effect is very dangerous, but with any ordinary degree of care this secondary effect can be avoided. The veratrum is best given in small doses, two or three minims every hour, until the pulse is normal. The intervals should then be very much lengthened, or better still, in case the pulse can be watched by a competent nurse, stopped entirely for a few hours until it is noticed that the pulse rate is increasing in rapidity, when a smaller dose should be administered.

[Gatchell believes this the most important remedy in the stage of engorgement when there is severe and long-lasting chill followed by intense pulmonary congestion, with great arterial excitement; dyspnea; full, hard pulse; throbbing headache; livid face; dry tongue; vertigo.

He fixes 5 m. as the maximum dose, but 1 to 3 m. usually being enough. In children 1-4 to 1 m.

He cautions watchfulness, in order that cardiac depression be avoided.]

Lachesis.

Dr. E. A. Burch⁴⁰ reports a lachesis cure. Mrs. L. B. attended an afternoon reception too thinly clad. Coming home, she developed sore throat, with great general muscular aching, high fever, and delirium. As night came on, she became very drowsy. Immediately upon dropping off to sleep, however, she would awaken with an awful sense of smothering. Toward morning, the smothering spells grew more pronounced, to such an extent that her husband became much alarmed. I found her sitting propped up in bed with pillows, afraid to close her eyes lest she go to sleep and smother to death. The throat was quite (dark) red, but not swollen. I thought that, if there ever was a typical lachesis case, here it is! If high potencies act at all, here is an opportunity to show off. The thinnest lachesis I had with me was the cc. I regretted not having any of the five cm. for I'd like to have tried it. A single dose of the cc. globules was placed upon the patient's tongue, and she was instructed not to repeat it, unless absolutely required to relieve the dyspnea.

Result.—Next afternoon, patient sent word that the relief from that single dose was complete and practically immediate, and that she was then on her way to another reception!

Exophthalmic Goiter.

S. G. A. Brown, M. D.,⁴¹ gives the following remedies for use in this disease:

Belladonna 3x.—Rapid pulse, flickering before the eyes, anguish, violent palpitation, throbbing arteries, dilated pupils, red face, bulging of eyeballs.

Glonoine 2x or 3x.—Valuable where there is marked acceleration of heart-beat, anxiety, violent flushings, sweats, throbbing carotids.

Lycopus θ .—Protrusion of eyeballs, cardiac palpitation and depression, oppressed respiration, irregular intermittent pulse, cough, headache, erratic rheumatoid pains, especially at night. Dr. G. R. Stearns reports a case in the transactions of the Homeopathic Medical Society of the State of New York, 1896, where the action of this drug was very marked in affording prompt and permanent relief.

Pilocarpin 3x.—When accompanied by profuse sweats, great thirst, sometimes profuse salivation.

Tarentula Hisp. 6x.—Especially where nervous symptoms predominate, neurasthenia, extreme restlessness, twitching or jerking of muscles, tearing pain in occiput, burning in eyeballs, red face, great mental and physical depression.

Spongia θ .—Protruding staring eyes, thyroid swollen, violent palpitations, worse at night, suffocating attacks.

Iodine 1 x.—Pale face, emaciation, ravenous appetite, coldness of hands and feet, great weakness, protrusion of eyeballs, violent palpitation

worse from the least exertion, heavy pain about heart.

Lapis albus 6x.—Has produced enlargement of the thyroid and hence ought to cure certain forms. Burning, stinging pains in breast, cardiac region, and uterus; enlargement of thyroid gland; ravenous appetite; veins prominent; face bluish-white; anæmia.

Amyl nitrate θ .—By inhalation relieves temporarily attacks of oppressed respiration, cardiac oppressions accompanied by frequent flushes of heat.

Thyroid gland (either crude, 2 or 3 grains, or 3x).—Slight elevation of temperature, increase of heart-action, increase in frequency and volume of pulse, dyspnoea, nausea, anæmia, emaciation, melancholia. Thyroid is cumulative in effect, therefore the patient should be under close observation. The patient should remain quiet for a time after taking it, as walking or even standing may cause faintness or even syncope.

Tuberculinum-Bacillinum.

Dr. A. B. Schneider¹¹ of Cleveland, in a paper on *Tuberculinum-Bacillinum*, cites the following:

The first and most noticeable effect of tuberculinum has been on the cough and dyspnoea. "Last night I slept well for the first time in eighteen months," and in a triumphant tone, "and I kept down my dinner to-day." This was Mr. C.'s (aged forty-eight) report after having taken a single dose of tuberculinum 30x. His is an advanced case with cavity, streptococcus infection, and very irregular temperature. After three months' treatment he has gained some in weight, night sweats have ceased, cough and dyspnoea are greatly relieved, and he continues to sleep well. The temperature range, however, is still abnormal, the physical signs remain unaltered, and tubercle bacilli continue present in the sputum.

Mrs. McE. (aged twenty-three) reported, after the first dose of tuberculinum 200x: "I can breathe easier, and I slept so well last night." This is also an advanced case with mixed infection, and while the progress of the disease is not stayed, its course is retarded and the distressing symptoms much ameliorated.

Mr. G. (aged thirty), with all the signs of incipient tuberculosis centered in the left apex, and presenting an especially distressing cough, was markedly relieved after a single dose of tuberculinum 30x, and eventually regained his appetite and weight, with entire disappearance of the physical signs.

Miss F. (aged eighteen), with a tubercular focus in right lung, reported almost entire cessation of the distressing symptoms after the first dose of tuberculinum 200x. In this case also increase in weight, normal temperature, and disappearance of the physical signs remain as evidence of cure.

Many cases of similar nature could be cited. The subjective symptoms were markedly relieved in the majority of cases where the infection was purely tubercular; i. e., before a breaking down of tubercular foci and infection by pus organisms and the cases practically fever free, tuberculinum could be relied upon to effect a cure in from three to six months. In cases with marked necrosis, decided fever and hectic, there was invariably marked relief of subjective symptoms and generally retardation of the course of the disease, but not usually a cure.

The remedy was administered in one-grain doses, preferably just before retiring. In some cases it was given every night for a week, then withheld for a week, then the routine repeated. In other cases the remedy was given every third or every sixth night. The latter method seemed attended with the best results. Other remedies as indicated were frequently, not invariably, used on the days when tuberculinum was not given, but never until time had been given for the tuberculinum to manifest its characteristic effect on the cough and dyspnoea. These accessory remedies were chiefly bryonia, arsenicum iodide, sanguinaria, eupatorium, perfoliatum, and phosphorus.

[The editor can confirm above as occurring in his own practice. He has given many doses of bac. and tuberc., when indicated, and has always noticed improvement in the condition of the patient.]

Bret Harte on Dr. Egbert Guernsey.*

"It was from a certain physician, a man of broad culture and broader experience; a man who had devoted the larger part of his active life to the alleviation of sorrow and suffering; a man who lived up to the noble vows of a noble profession; a man whose touch was as gentle in the wards of a great public hospital as beside the lace curtains of the dying Narcissa; a man who through long contact with suffering had acquired a universal tenderness and breadth of kindly philosophy; a man who never asked the creed belief, moral or worldly standing of the sufferer; in brief, a man who so nearly lived up to the example set by the Great Master that it seems strange I am writing of him as a doctor of medicine and not of divinity."

We read of the critical illness of Dr. Guernsey and note with regret the unhappy prognostications. Dr. Guernsey has been—and yet is—a prominent factor in medicine and was, perhaps, the first in the homeopathic ranks to see the need of a closer alliance of the Brotherhood of Medicine and the abolition of narrow creed lines.

* From "The Man whose Yoke Was Not Easy."

Middle Cerebral Thrombosis.

BY J. RICHEY HORNER, A. M., M. D.,

Professor of Neurology and Electrolgy, Cleveland Homeopathic Medical College.

Mrs. K., aged twenty-four; has a child four years old. The birth of this child was followed by phlegmasia dolens. This, in turn, was succeeded by an ulceration of both legs extending one-third of the distance from the ankle to the knee, which, in spite of careful treatment, refused to heal. The patient's general condition became very much depressed. She lost flesh, and there was every evidence of a vitiated condition of the blood. For a few days previous to the occurrence of the attack which I will describe she had been complaining of vertigo, indefinite numbness, and a general feeling of malaise.

She was found lying on bathroom floor, conscious, but with weakness of right side and inability to speak. This weakness gradually increased to complete hemiplegia, with both motor and sensory aphasia. When I first saw the patient—some four weeks after the attack—she could not understand either written or spoken language and was unable to speak. I have since thought, however, that the sensory aphasia was not organic, but due rather to the nervousness attendant upon my rather rigid examination. Whether or not this is so, it is a fact that, when she was removed to the hospital, she had complete return of her understanding of both written and spoken language, though she never regained her power of motor speech. Upon admittance to the hospital examination showed complete right hemiplegia, with no disturbance of sensation. The sphincters were intact, and had been so since within a week or less after the attack came on. The temperature was normal, the pulse rather weak and compressible. She could take nourishment, which was given in considerable quantities. This condition continued for two weeks, when the temperature became subnormal, remaining so for several days. Then a feverish condition developed, the temperature running as high as 104°. She became apathetic and stupid—could be roused only by speaking sharply to her—and then fell back into a comatose condition. After five days she died.

The diagnosis of the case was thrombosis of the middle cerebral artery of the left cerebral hemisphere, with subsequent formation of an abscess involving the centrum ovale.

The middle cerebral is distributed to the cortical substance of the ascending frontal, the descending parietal, the parietal and superior and middle temporal convolutions; and occlusion occurring at the island of Reil, where it divides into its four terminal branches, would cause profound hemiplegia, and if on the left side of the brain, as in this case, the right side

of the body would be affected and aphasia result. Decided sensory aphasia was prevented by the free anastomoses of the capillaries, but there was not enough to furnish a supply to the motor tract, hence motor paralysis persisted.

In hemiplegia resulting from an embolus the prostration is sudden, and without warning. In that following tumor there are the classic symptoms of the presence of a foreign body within the cerebrum—the headache, the vomiting, optic neuritis, etc., etc. In this case there were several days of malaise, vertigo, nausea, followed by weakness of one side of the body coming on gradually, without shock and without loss of consciousness.

Another point in favor of thrombosis is that the system had been for a long time below par, the blood as a consequence more easily coagulable, and fibrine lodging at the angle of the branches would rapidly accumulate other shreds until an obstruction would be formed large enough to occlude the entire caliber of the artery.

Following this there was undoubtedly a degeneration of the brain substance progressing into actual pus formation following the period of subnormal temperature. This of course would cause a septic condition, and was enough to account for death.

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Pneumonia.

“Dr. J. C. Gordon in the *Journal of Medicine and Science* for October, 1901, believes that the pendulum has swung too far as regards bloodletting—adverse to it. He thinks that many cases of pneumonia in strong, well-nourished people can be very much modified by an early venesection, together with prompt catharsis. He is also sure he has seen immense relief to persons threatened with apoplexy by a full bleeding, while the vessels were yet in the congestive stage. Bleeding is vastly superior in the acute stages of pneumonia to some arterial sedatives, such as veratrum, aconite, etc.”

Editor *American Physician*:

In view of the fact that pneumonia now heads the list in the mortality of diseases, the appended clipping, by its statements, moves me to express my strongest protestation against such antiquated methods. And a feeling of pitying contempt cannot be restrained for those who persist, as does the above writer, in traveling in a circle, and at a very slow pace too, for now, after a lapse of more than forty years, and just back to the starting point!

Yes, forty years in the wealth of therapeutics and many Moseses in bacteriology; but false leaders have they been and as badly lost as ever they were in Egyptian darkness therapeutically.

So what profiteth a medicine man to find the bacillus yet lose his patient?

And now to resort to venesection has become a self-acknowledged confession that all the laborious researches of the bug-hunters have been for naught!

This is awful! Many a man's library is now only valued as so much firewood, and of very poor quality at that!

Perhaps the intent of the writer is to allow a sufficient quantity of the sanguineous fluid to escape, so that the bacilli might be depleted in number, that the remainder might perish through grief at the loss of their comrades, for it appears that the bacillus loves companionship.

Bleeding, we will admit, is a much less agonizing lethal process than being heroically dosed with drugs. But why the necessity of permitting so many of our pneumonia cases passing off into the great and unknown beyond, when so much is available in our therapeutics?

However, not until Prejudice is dethroned, and Reason allowed her rightful place upon the pedestal, with honest, liberal investigation by her side, will men cease their blind wanderings, when their eyes will be opened to see the truth.

It has not been my purpose to criticise without directing to a better way, as that would be unjust, and with an experience of nearly eleven years in this place, without the loss of a single pneumonia case thus far, I feel that with the indicated remedy, we have something far superior to venesection.

Now as to treatment: it is not usual that one has the good fortune to be called in at the initial stage of chill; but several hours, or perhaps a day or two may have elapsed after the outset, before the sufferer can be seen, and thus the opportunity lost of jugulating the disease, for pneumonia can be aborted, I say so emphatically, notwithstanding the dictum of many M. D.s, F. R. C. S.s, and others of more awe-inspiring titles.

Pneumonia is jugulated in later stages also, as experience has often proven. Aconite and veratrum, when indicated, and not given in heroic doses, have proven themselves extremely valuable.

Aconite is more often indicated in the early stage before inflammatory action has developed. And the dose should never exceed 1 drop of a ten per cent. solution, and really this maximum dose in many cases is likely to aggravate, and a smaller dose is prepared; usually I administer the 2x or one per cent. solution.

Veratrum can safely be given in drop doses of the tincture, and is indicated with high fever, strong, quick pulse—most applicable in the early stages of inflammation.

Many other remedies are of equal value when we have the indications; among them are ars., bell., bry., ipecac., lycopod., merc. phos., rhus tox., sang., and tart. emet., and not to impose upon the space of this valued journal I shall not give the

special indications for these remedies; but will refer the reader to his *materia medica*.

One essential I have not yet mentioned,—a local application,—and that is the camphor compress, which has given me better satisfaction than anything in the way of poultices or other substitutes for external use.

I apply in this manner: take a piece of flannel, folded in three thicknesses, and large enough to cover the chest, then moisten with two or three tablespoons of spirits of camphor, covering over with a dry cotton cloth. This will require moistening, perhaps every three or four hours. Have seldom produced blistering when worn continuously throughout the attack. It relieves the soreness and gives comfort to the sufferer. Have never observed any antagonistic action to internal remedies, since camphor is considered as antidotal to many drugs.

F. F. NETHERTON.

Clinton, Mo., December 20, 1901.

♦ ♦

Sneezing.

W. P. PHILLIPS, M. D.,

Cleveland.

Sneezing is the phenomena which result from some irritation of the filaments of the fifth nerve within the nasal cavities. The first effect of the irritation is a contraction and subsequent dilatation of the vessels in the immediate neighborhood, probably due to reflex stimulation through Meckel's ganglion, and the second effect is a spasmodic contraction of the diaphragm, a mechanical effort to get rid of the irritation.

When normally performed in a healthy nose the act is accompanied by a sense of relief, but when symptomatic of some pathological condition existing within the nasal cavities, not only is there no relief, but real distress accompanies the act. Frequent paroxysmal sneezing without relief is a positive indication of intra-nasal disease. It is a constant accompaniment of acute rhinitis, and the frequent acute exacerbations engrafted upon simple chronic and hypertrophic rhinitis, and it is the distressing symptom of the vasomotor paresis belonging to hay fever.

If we would relieve our patients of the torture attendant upon constant sneezing, we must first of all get down—away down to the rock-bottom cause of the pathological conditions giving rise to it. These are numerous and may be hygienic, as improper ventilation of rooms, improper dress; or may result from occupation, as working in dust- or dirt-laden atmosphere; or may be due to some general predisposition of the system; but by far the most common cause is some local deformity within the nose itself. In a healthy nose with a straight smooth septum, dust and other irritants entering the cavities find no lodgment on the septum, but are distributed over the sur-

faces of the turbinates, and are then washed away again by the large quantities of serum thrown off by the turbinates in the course of the day, to moisten the in-coming air. When, however, the septum is deflected to one side or the other, or has a projecting spur or ridge, there is a large septal surface presented, broadside on, to the in-coming current, which surface becomes the lodging-place of dust, etc., and is apt to remain until driven out by sneezing or washed away by the coryza which follows. From constant irritation, this surface becomes, first, chronically congested, and then hypertrophic, and it only requires time for other portions of the nasal cavities to acquire the same conditions, whereupon we have, first, a chronic rhinitis, and then an hypertrophic rhinitis established. If, then, we would remove the rhinitis, we must first remove its cause. If the septum be deflected, it must be restored to its normal position by one of the various operations for septal deflections, and spurs or ridges must be removed by saw or trephine. We are then in a position to treat the rhinitis. Hypertrophic spots are removed by the saw, knife, cautery, or snare. The dilated and paretic vessels are restored to their normal caliber by pinning the tissue over them to the bone beneath by the chemical or electrical cautery. Now sprays and vapors may be used to relieve the congested capillaries and keep the surfaces clean, and with a removal of the pathological conditions the symptom disappears.

A few of the well-marked cases which have come under my observation lately may serve to make more clear the treatment, briefly outlined above.

Case I.—Mrs. L., referred to me for tendency to repeated colds, accompanied by paroxysmal sneezing. Was just sick in bed each time. Examination showed marked ballooning of the septum on both sides over what is commonly known as the sneezing area, and vasoparesis present in the lower turbinates. No septal deviation nor spurs present. The hypertrophic septum and turbinates were treated to the cautery; a camphor menthol spray given, and colds and sneezing disappeared.

Case II.—Mr. W., referred for nasal obstruction, repeated colds, sneezing, and slight attacks of asthma. Examination revealed marked deviation of the septal cartilage to the right, the middle turbinate of the same side so hypertrophied as to completely fill in the space back of the deviation, and impress its shape upon the septum, and considerable hypertrophy of the lower turbinate on the opposite side.

The operation recommended by Dr. Morris Asch of New York was done upon the cartilage; the hypertrophied middle turbinate removed entirely by the snare and the opposing turbinate reduced by the cautery. Complete relief from all the symptoms was obtained.

Case III.—Mrs. W., referred for sneezing and nasal hydrorrhoea and some conjunctival irrita-

tion. Examination revealed the ballooning septum of Case I. and a typical vasomotor paresis of the sinuses over the lower turbinates, and the peculiar hypertrophic condition so often found on the anterior end of the middle turbinate. The cautery was applied to the septum and lower turbinates and the anterior ends of the middle turbinates were snared off, with complete relief.

Case IV.—Mrs. R., a hay-fever patient, sufferer for fifteen years from hay fever and asthma. The same condition was present as in the preceding case. The cautery applied thoroughly to the tissues previous to the attack, and adrenaline and salt solution, equal parts occasionally during the period, without other treatment has carried her through two seasons without an attack.

Case V.—Mr. A., also a sufferer from hay fever and asthma and marked nasal obstruction. Inspection showed a large bony ridge extending out from the septum on the right side, crowding over the inferior turbinate, which was anteriorly in a state of atrophy.

Inferior turbinate on the left side anteriorly was markedly hypertrophied, and posteriorly on both sides the hypertrophies of the lower turbinates almost closed the nares. The shelf was trephined off, the cautery used freely on both septum and turbinates, and the posterior hypertrophies snared off. Relief has been perfect.

These few cases show the pathological conditions which are most frequently present in the sneezing patient. One other condition has been occasionally present, and that is the mucous polyp, although it is more apt to be the result of long-standing rhinitis than a cause. The relief given by this work is usually perfect and there is no class of patients more grateful.

♦ ♦

*The Relation of the Physician to the Patient.**

BY JOHN PRENTICE RAND, M. D.,

Monson, Mass.

It gives me great pleasure to say a few words on a most important subject from a physician's standpoint. I could hardly speak from the standpoint of a patient, for from the day of my birth, when I presume a physician was in attendance, until I was twenty-two years old I have no recollection of calling a doctor.

Since beginning the study of medicine I have sometimes practiced upon myself and, strange to say, have found a most unsatisfactory patient. In short, when a doctor begins to take his own medicine, so far as he himself is concerned, it is a pretty sure sign that the Kingdom of Heaven, or a lunatic asylum, is near at hand.

Those of us who have read John Watson's

* Delivered at the semi-centennial celebration of the Connecticut Homeopathic Medical Society, November 18, 1901.

masterful deliniation of "A Doctor of the Old School" and then attempted to measure our standards by the ideal relations that existed between him and his patients, must feel, I know, abashed if not actually unfit to practice medicine.

Think of a community in which the physician did not deem it necessary to keep any written accounts of his business, but trusted all of his financial obligations to his own uncertain memory and the scrupulous integrity of his patients! Drumtochty and the Celestial City could not have been so very far apart. With patients like those, bookkeeping would be made easy and "collecting agencies" unheard of.

But New England is not a physician's paradise, whatever may be said of Philadelphia and New York. Our patients are no better or worse than the communities in which they live, and we ourselves are no better or worse than they are.

Dr. Watson's dream of the ideal physician, however, is sometimes realized, and here and there among our New England hills are patients as truly worthy of commemoration as his. But the real and ideal are often widely separated, and until our social standards are altogether different from what they are now, physicians must be men of affairs and conduct their business upon business principles.

I am not speaking of those drones in the profession who were "born with a silver spoon in their mouths," or who in after years became wedded to some child of fortune for the love of wealth and the lackadaisical contingent that came with it. Such physicians are seldom an ornament to the profession, and to all practical intents and purposes are not in it. With most of us, however, the practice of medicine is our only visible means of support. We may have invested a few of our hard-earned dollars in glittering securities; but we seldom brag about it afterwards, and are apt to grow uneasy when the conversation drifts in that direction.

But physicians are human and easily perceive that the "filthy dollar" is the "open sesame" to almost unlimited possibilities. In fact, it is a friend that seldom lacks for recognition. Money buys books, medicines, and surgical instruments. The people demand that physicians should wear clothes. Physicians are sometimes compelled to subscribe for books they do not want and contribute to objects in which they take but an indifferent interest. If the means are at hand, an occasional ramble in the hostelryes of the Old World for "post-graduate study," etc., especially the latter, rounds out the sum of his professional attainments and makes his joys complete.

The patient demands that his physician should be up-to-date, equipped with the most approved appliances for the treatment of disease, and yet he keeps his cupboards filled with patent nostrums and begs a copy of every successful prescription, to avoid the necessity of some future consultation and the resulting fee.

Patients have even been known to buy extrava-

gant theater tickets when their doctor's bill was unpaid, or to ask their physician to wait for the pittance due him until they had returned from some fashionable watering place. I know that, many times, the physician is at fault for unsettled accounts as much as the patient. He doesn't send his bills promptly, he doesn't act as though he cared whether he was paid or not, and soon the patient begins to feel and act in the very same way. And yet there is a business relation between physician and patient which must be recognized. Money cannot pay, oftentimes, for the service rendered—but, it does help to grease the wheels of the professional chariot and keep it going. The patient desires the best service of which the physician is capable. Let him show his appreciation by paying his bill! It will create good feeling, it will assure prompt attention, it may even fulfill the vision of the poet Emerson who wrote—

"Wouldst thou seal up the avenues of ill,
Pay every debt as if God wrote the bill!"

Another problem, close bordering on the financial relations of physician and patient, is the part that our free dispensaries and hospitals play in the treatment of disease.

To get something for nothing is human, and the profession is as much to blame as the laity that the abuse of such institutions exists. But the people should bear in mind this fact: dispensaries are not established for those who are able to pay, any more than soup kitchens are opened for those who can buy food. They both have a most important mission. They belong to the poor and the unfortunate, but when they are made to subserve to the penuriousness of the rich they become a travesty upon charity, for whose dear sake they are supposed to exist.

So much for the financial relation between a physician and patient, now for the ethical one. It has often been a surprise to me how little consideration the average individual exhibits toward his medical attendant. In the majority of instances I believe it is more the result of thoughtlessness than anything else. When a person is ill and decides that he wants a doctor, though it may have taken him days to reach that decision, he wants him at once. His order is but the expression of this desire and usually takes no account of a physician's convenience or health. It reads: "Come at once!" "Come immediately!" "Come as soon as possible!" when there is really no necessity for haste. Many a time have I left my dinner untouched and responded at once to such an appeal, only to find a teething baby or a person who had been carrying a hard cold for a week and who had decided to quit work and stay at home.

The telephone, however great a convenience it may be to the public, is often a nuisance to the physician. It calls him from his meals, it wakes him from his nap, it rings at all hours, day and night, and sometimes the message is hardly

worth repeating. What would you think of an incident like this?

A physician was called up in the middle of the night by a young mother who wanted to talk with him about the baby. "Does the baby seem feverish?" "No." "Has he vomited?" "No." "Well, what makes you think he is ill?" "Oh, he cries so!" "When did he have his supper?" "I don't remember." "Well, perhaps he may be hungry." "I hadn't thought of that," said the mother. An hour later the physician's telephone rang again. "Hello!" said the half-asleep doctor, with especial accent on the first syllable. "Hello!" said the overjoyed mother. "I couldn't go to bed until I told you that your diagnosis was correct: The baby was hungry."

I know it is impossible for a patient to use what he does not possess, but from a physician's standpoint it does seem as if a person who was sane on everything else might use a little common sense in leaving an order for a physician. If the case is not a critical one, do not say "Come as soon as possible"; say, "as soon as convenient," and the chances are that you will be served as quickly and as well.

Physicians soon find out that superlative haste is not often necessary, and sometimes a case of real urgency is neglected on that account. You have cried "Wolf, wolf!" so many times when there was no immediate danger, that unless some explanation is made, the physician has no means of knowing whether you are in a critical condition or not, and if at some time you should suffer from absolute neglect, you have only yourself to blame.

And now just one suggestion on whom to call. Don't call a physician because he is related to you by the ties of birth, marriage, or business associations! You will almost surely regret it, if you do. If there is more than one physician within your reach, select the one in whom you have the most confidence. If he cannot be had, and you cannot wait, call in someone else and explain to him why you did it. If the physician called is a gentleman, he will withdraw from the case when the family doctor returns. If he is not, teach him that you know something of medical ethics by settling his account and sending for the physician of your choice. By so doing you will have dealt honorably with all and preserved your inherent right to select your own attendant.

When you go to consult a physician, trust him. Don't try to fool him with some hatched-up story as to how you caught your disease. And if he nods his head and says, "Yes, yes" to all that you tell him, don't flatter yourself that you did it. The chances are his "Yes, yes" means to acknowledge that he understands you, and is no evidence of belief.

If a patient is critically ill, wait until the doctor is out of the sick room before plying him with questions. The doctor will tell voluntarily all that is best for the patient to know, and to put him under cross-examination in the presence of

the patient will surely do more harm than good.

Most physicians are glad to take the relatives into their confidence, if it can be done without disturbance or injury to the patient, but to take the relatives of some people into one's confidence would be like setting "bedlam" loose.

If for any reason the patient is not progressing satisfactorily and consultation is desired, say so to your physician at once. It may be that he is waiting for you to take the initiative in the matter. If there is some particular physician whom you desire, tell him that, and he can easily assent to your desires or withdraw from the case. If, on the other hand, your doctor asks for counsel, it is usually for the advantage of all to allow him to select his own.

Consultations are for two purposes—to assist and to satisfy. The one is usually requested by the attendant, the other by the patient. Both are needful, and a discreet physician is always glad of professional help and support.

If you have confidence in your physician you will obey him, of course, although I have observed in my professional career that people are much more inclined to take medicine than advice. Someone has said that advice is like an old-fashioned dose of castor oil—"more blessed to give than to receive," and I am inclined to think the observation is correct, especially when the busybodies in the neighborhood rush in with all their cure-alls and implore the poor distracted patient to give them a trial. Such trials are not sanctioned by the best medical authorities and are rightly condemned by the physician in attendance. I do not mean to imply that the neighbors are unkind. Oftentimes their suggestions are of great value, but the doctor called is responsible for the treatment, and no remedy or expedient should be attempted without his knowledge and consent.

And right here I wish to remind you that most people do not wish their infirmities made public. They tell their physicians, or are supposed to, from necessity, but no earthly consideration would tempt them to tell anyone else.

The physician's mind is a sort of Safe Deposit Co., with a private box in it for every patient. The patient has intrusted his dearest secrets to his professional care. Isn't it mean for the neighbors to "hold up" the physician as soon as he leaves the house and demand what was put into that box. Think of the awkward position in which the physician is placed! If he tells the truth, he betrays his patient; if he refuses to speak, the inquisitor at once gains the impression that the nature of the malady is ten times worse than it is, and oftentimes the physician is actually compelled to confess all, or lie outright, to protect his patient from vituperious slander.

But there are harder things in the practice of medicine than this, and I know you will forgive me if I refer to a single one. Almost every

physician is importuned at some time or other to perform unlawful acts. Large money is offered him if he will only accept, and oftentimes the patient is offended if he will not.

I wonder if such patients realize what they ask. Throwing moral considerations aside and granting for the time that murder, if undiscovered, is no sin, is it kind to demand of your physician to commit a crime which, if brought to the eyes of the law, would confine him to the State penitentiary for a period of years, and debar him ever after from the practice of his practice?

Yet these things are happening every day, and that too, among the so-called respectable people in polite society. Denied by their regular attendant they seek the charlatan for relief, and then come home and throw themselves upon their family physician to save their lives and shield them from disgrace. It is hard sometimes to conceal the misfortunes of the innocent, but oh! to become compelled to shield the guilty, and become a silent partner to a nefarious business, is harder still.

But let us turn to a brighter picture. I know it is a joke, but yet it has been repeated so many times that people have almost come to believe it, and that is: that physicians have no ideals of professional honesty, that medicine is a trade, and that the "almighty dollar" is all they are after. Almost the first satire I ever committed to memory was a bit of composition entitled "The Doctor's Prayer," which ran something like this.

"O Lord, make the sick ones all well,
And the well ones all sick!"

Such a petition would be undoubtedly answered in time, especially the second part of it, but I wish to call your attention to the fact that the attitude of the medical profession toward the community at large is a most philanthropic one.

How does a doctor get his living, not to speak of laying up a dollar for a rainy day? Simply by the practice of his profession. One-half of his business at least comes from the so-called preventable forms of disease. If a farmer should make one-half of his profits from the production of wool, do you suppose he would join hands with the lawmakers to prevent the raising of sheep? If a trader should make one-half of his profits from the sale of tobacco, do you think that he would vote to have smoking prohibited by law? And yet the medical profession is doing this very thing! I do not know how it is in Hartford, but in Massachusetts a man can't spit on the floor of a street car! Why? Because physicians have told the lawmakers that consumption is communicated in that way. If a man is sick with contagious disease, he is shut up in his house, and his family with him; if he dies, he is not allowed a public funeral, his body must be buried at once.

The organization of our State and local boards of health is but an attempt on the part of the pub-

lic to carry out the instructions of the medical profession for the prevention of contagious disease. Every physician, in the humble round of his daily duties, is doing the same thing—and yet we are accused of unworthy motives.

I wonder if the people realize that a physician is not allowed by his code of ethics to hold a prescription secret or obtain a patent upon a surgical instrument. Is there any other organization on the face of the whole earth that has a higher standard of philanthropy than this?

And yet we must confess that there are wolves among the sheep. "They are not all Israel who are of Israel, nor are they all the children of promise who are the seed of Abraham."

Were you to ask me the one distinguishing characteristic of a true physician, I should borrow the term with which the jeweler stamps his best goods and pronounce him "sterling." We have plated jewelry and counterfeit coin which pass freely into circulation, and many people cannot detect them. But remember this: The genuine article must be somewhere, or the counterfeit would not exist.

Medically speaking, the counterfeit physician is a quack. He may be bright, he may be polished, he may bear the stamp of some reputable college, but he is not honest. You cannot trust him, and sooner or later you may become his prey. To him the one great end of life is to get business. He cares not how. He stabs his associates at every opportunity, he promises to cure the incurable, and frightens the credulous and the timid to rob them of a fee. Can there be any treachery more contemptible than this!

The true physician is genuine. I care not if he be the Dean of a University, or the humblest practitioner upon our rugged frontier. His patients can intrust to him "their lives, their fortunes, and their sacred honor." He will accept no bribes. He will divulge no secrets. He will be hopeful while there is room for hope, and when the inevitable comes, as come it must, and the poor unfortunate wishes to know of his condition, he will tell him the truth, and why not? If a man is about to die, why keep it from him? There may be something he may wish to say or do before he goes. I know not what the future may have in store for any of us, but if immortality be true, and if it be indeed true that we shall meet and know our friends beyond, how can any of us ever face our once confiding patients when the last thing we told them on earth was a lie?

Just one more thought, and I am done. Sin is nothing more or less than violated law. In the realm of our physical bodies sin and disease are one. The Great Physician was a friend to sinners. He healed the sick, He cast out evil spirits, He pointed the way to a better life! In like manner every true physician is a savior to mankind. He may not accept the Theory of Evolution, the dogmas of the Church may seem to him like idle tales, and yet in his efforts for

suffering humanity he is working with God, and through God, and for God.

"One touch of Nature makes the whole world kin." "The human form is the form divine," and he who would seek for holier service than comes to those who labor for their kind will seek far, aye, and seek for it in vain.

And now for the practical application of my theme. I have spoken thus far from a physician's standpoint; bear with me a moment more!

If you have any real appreciation of your medical attendant (or of anyone else for that matter), show it to him while he is alive. In the whole of John Watson's beautiful narrative there is not a sadder commentary upon opportunities past than when Jamie Soutar breaks down at Dr. MacClure's funeral and exclaims: "But woe's me that fouk' 'ill tak a man's best wark all his days without a ward, an' no dae him honor till he dies! Oh, if they had only gethered like this juist aince when he was living and let him see he hedna labored in vain! His reward has come over late!"

Yes, appreciation is a physician's reward. It is not alone the poor man's currency, the rich can bestow it as well. He needs it when everything goes right, but oh! when all his efforts fail, he needs it most. You do not suffer alone. Think of this when sore bereavement o'ertakes you, and if you can honestly say to your medical attendant, "I believe that everything was done that could be done to avert this calamity," say it, and grant him the blest assurance that his labors were not wholly in vain.

♦ ♦

*What Makes the Heart go Fast?**

BY G. W. GURNEE, M. D.,
Cleveland.

I understand from this gentleman that the most distressing symptom is the rapid action of the heart, and that is, I think, true of all such cases and the one for which immediate relief is most often demanded.

Whatever the pathology may be in this case—or in any other, for that matter—the rapid action of the heart is unquestionably due to reflex excitation, and if we would know how this is brought about, it is necessary to understand the nervous mechanism in connection with that organ.

The regular rhythmic beat of the heart is maintained by "intra-cardiac" ganglia: those impulses which tend to accelerate the heart's action come from the superior, middle, and inferior cervical ganglia of the sympathetic, and these ganglia receive motor filaments from the anterior branches of all the cervical nerves: the inhibitory impulses come from the medulla by way of

* Dr. Gurnee is speaking with reference to a male ex-ophthalmic goiter clinic which was presented to the Cleveland Homeopathic Medical Society in November, 1901.

the pneumogastric. Now, in the case of this individual, there is evidence of great disturbance somewhere, and whether it be peripheral or central matters little. Showers of afferent impulses are invading the central system and causing motor cells to discharge and send impulses of great intensity over efferent fibers. In the case before us the cells thus abnormally discharged happen to be those located in the anterior cornua of the cervical portion of the spinal cord, and the axons of said cells communicate these impulses to the cardiac accelerator ganglia of the sympathetic; these in turn send them flying along over the cardiac nerves to the heart, and the result you all see.

When this gentleman, in giving a brief description of his case and the treatment he had received from a masseur, stated that a certain nerve in the back of his neck was selected and massaged with the result that the heart would quiet down immediately, I was struck at once with the idea that he was cutting off those excitatory impulses, by pressure on the spinal nerves; and in this manner the pneumogastric was left free in its action on the heart.

Now alcohol has a similar effect in lowering the conductivity of nerves, and that is sufficient to explain the action of this drug in the cases referred to in this discussion.

With regard to the condition of this man's hands and feet, I think the heat is due to the same cause as the heart's action, only in this case the reflexes are exciting the dilator fibers, causing a determination of blood to the part. I cannot see how the condition can be explained on the ground of a paresis of the vaso-constrictors.

♦ ♦

The Single Remedy.

BY GEORGE M. OCKFORD, M. D.,
Ridgewood N. J.

While a physician is justified in using any remedy that will cure his patient or alleviate suffering, it is undoubtedly true that we can do better work by adhering to the law of similars than in any other way. I want to relate a little experience in that line. A man, aged twenty-six years, had, from childhood or puberty, recurring attacks of hemicrania, involving the right side of the head. It would last all day, and was relieved by sleep. These and other symptoms pointed to sepia, which I gave in the 6th trituration. It did not relieve. The next attack I gave the 30th dilution and relieved the headache in five hours. This was a gain, and the shortest attack that he had experienced. But the headache returned, and then I gave sepia 200, which acted like magic, completely relieving the headache in less than one hour. I continued the remedy in the same potency, instructing him to take one dose as soon as he felt the headache coming on. He did so, and the sepia never failed to re-

lieve him. It not only relieved the attacks, but prevented their return. Before taking the remedy, the attacks were once or twice a month. After they came once in three or six months, and finally ceased. Five years after, he told me he had not had a headache in two years. Another thing that the sepia did was to change his skin—did not make him a mulatto or anything of that sort, but, from childhood, he had been unable to wear woolen underwear on account of a vesicular eruption that would appear from the irritation. After taking the sepia he could wear camel's hair and the roughest woolen garments, without causing any eruption or discomfort.

A man, aged sixty, came into my office, complaining that he was so full of gas that he felt like bursting. The case looked like lycopodium. I gave him one dose of the 200th, telling him to report in the morning, when I would give him something else. I did not see him for a month, when he told me that the one dose had completely relieved his dyspepsia. Some time after he had a return, but lycopodium 200 again relieved it.

I was called to a case of menstrual colic, which was a perfect pulsatilla case. I gave the remedy in the 200th potency, and the trouble disappeared. I gave her some of the remedy to take when the trouble returned, and she told me some months after that she never had to take more than one dose during an attack, and that the last two periods had been free from pain.

A case of pneumonia in the consolidated stage came into my hands. The physician in attendance had crowded chloral and opiates, but the patient refused to sleep. On the contrary, he was wide awake, talkative, delirious, great oppression of breathing, scanty expectoration, etc. The remedy indicated was lachesis. I gave him the 200th, and told the family I would return in the evening. I did so, feeling a little in doubt about my morning prescription. But on seeing the patient all doubts were removed. After the first dose he had slept six hours, the breathing was better; the expectoration was easier, the temperature was down, and from that on the patient made an uneventful recovery. Other remedies were used, but it was the lachesis that converted an apparently hopeless case into one of promise and started the patient on the road to health.

A woman, during the climacteric, had a variety of nervous troubles, with insomnia and restlessness. She complained of a diarrhea, which plainly indicated natrum sulph. I gave the 6x trituration, which cured the diarrhea and all other troubles. The night after taking the remedy she had the best night's sleep she had had in three years, and the improvement was permanent.

Another patient came under my observation who had been troubled with dyspepsia for years. The least food caused pain and distress. He tried numerous dietetic regulations, took numerous remedies, but didn't get any better. I never prescribed for him, but knew his case well. Finally he got

tired of medicine and one morning, in desperation, took a dose of castor oil. The castor oil gave him more relief than anything he had previously taken, and following it up by a dose once a day, he got so that he could eat any kind of food with impunity. I saw the man fifteen years after this treatment, and he told me he never had any trouble excepting when he overburdened his stomach with feasting, and that a dose of castor oil always gave relief.

Now all these cases teach us the lesson of the single remedy. Even the last case related is better than curing such a case with a combination tablet composed of coal-tar products and homeopathic remedies.

Of course, to use the single remedy means an acquaintance with the *materia medica* and a correct knowledge of homeopathy. I do not deny that cures are effected by other means. Every system of medical treatment can score successes. But are shot-gun prescriptions homeopathy? Do they cure according to the law of "*similia similibus curentur*"? The power of small doses is shown in the anti-bacterial solutions of corrosive sublimate, and solutions of adrenalin. The effect of these drugs can be seen by the microscope and the eye. Unfortunately, many of the operations of the human body are hidden from view and we cannot say what a non-indicated remedy is doing. Other drugs may be as potent as the merc. corros. and adrenalin, only in other directions. If so, such a drug may be a counter-irritant, and the cure may be brought about by allopathic means. There is one thing that would lend color to this. I have often heard patients say, the original trouble is better, but something else is the matter. Was that "something else" an effect of the drug or an effect of the disease? That is a question worth considering. If non-indicated remedies, in combinations or routine prescribing, do induce new diseased conditions, they are nothing but counter-irritants, although their effects may not be visible on the skin or in the alvine discharges. Of course we all recognize the fact that a large portion of the people are more or less addicted to drug habits. It is a little niter for fever, paregoric for pain, on the one hand; and a reckless use of aconite, belladonna, and nux vom., on the other. This domestic practice complicates prescribing. The cleanest-cut indications are always met in persons who do not take drug preparations continuously. For ideal prescribing, ideal cases are necessary. It is like hunting for a needle in a haystack to find indications in some drug-saturated cases. In others it would seem that they were immune to drug action. These are the snags that lure us from the straight path and encourage eclecticism. Still, as homeopaths, we should always strive for the ideal single remedy, knowing that, when we prescribe it according to the rule of our faith, success alone will crown our efforts. The *materia medica* is the sheet anchor that we must rely upon, if we would be true to our profession.

Worth Reviewing.

Marrubium.—Dr. W. E. Bloyer in the Eclectic Medical Journal speaks succinctly and interestingly of marrubium, which will be better understood by those of us who are not Eclectics—in name—as the old-fashioned hoarhound. He says:

“As a remedy it is said to be of special value in the treatment of chronic cases, such as chronic bronchitis, laryngitis, rheumatism, dyspepsia, and hepatic disorders. Everybody knows hoarhound as a simple remedy of greater or less value in pulmonary affections of various kinds. We would much prefer to give our patients, and take ourselves, a syrup of hoarhound for coughs, colds, chronic catarrhal troubles, and even for phthisis pulmonalis, than some of the very modern and scientific microbicides like creosote.

“A hot infusion of marrubium will generally cause diaphoresis and relaxation, and will frequently prove a pleurisy remedy in colds, hoarseness, asthma, amenorrhea, hysteria, etc., and its pronounced diuretic action makes it very valuable in some cases of fever, kidney troubles, jaundice, etc. The cold infusion is perhaps the better when we hope to secure the tonic effects, as in chronic dyspepsia and the like. This latter is also recommended as a mild vermifuge, and as a remedy in mercurial salivation. Think of this simple old remedy, and give it instead of the new-fangled ones. The dose of the specific medicine is from 1 to 10 drops every half hour or hour, in plenty of water.”

Getting Well Too Quickly.—If a patient gets suddenly much better, sudden apparent change of improvement, it is a very bad sign and denotes great danger. This often occurs in diphtheria, typhoid fever, and in very bad cases of typhus. For instance, the patient has diphtheria, and on leaving him in the evening your prognosis is that he will probably die before morning; on returning next morning the patient may tell you that he feels much better, the tongue may look well, etc.; this is a bad sign and the prognosis is unfavorable; the patient may die in six hours. If the tongue becomes suddenly clean, it is a dangerous sign. If the pulse falls suddenly from 140 to 70 per minute, and the respirations keep up, it is a dangerous symptom. Great pain in disease is not a sign of great gravity. The dead are very quiet. These cases where there is no pain are most dangerous; the sensibility is blunted. The patient will have a look of indifference, the eyes clear. Here is one indication for opium; also phosphoric acid. In late stages of typhoid fever we are apt to have a tremulous tongue, teeth and tongue covered with sordes. Immobility of features, loss of consciousness, tonic spasms, catalepsy, the hands feeling as heavy as lead; think, then, of nux moschata.

Lachesis.—Ladies sometimes feel as if their bones were as heavy as lead—loaded down with lead; they dare not go to bed for fear of this feeling—as if they were loaded down with lead. It comes on about the time of the climaxis.

Angina Pectoris.—In this disease there is great pain in the chest; the patient cannot breathe, and has great fear of death. These pains come on at night. Such patients may die suddenly. Some of the prominent symptoms are: the patient gets a very anxious expression of countenance; unable to breathe from the pain, with very pale face; the pulse seldom ever changes, but is very thin and wiry, not rapid; perspiration on the forehead. If the patient is lying down, he is sure to get up and walk about. Suddenly the pains leave, then eructations come on, and water will pour out of the mouth; the patient will be exhausted. Here is the great field for arsenic, with a close second in aconite. For the immediate attack give aconite; furnish the patient with aconite to take whenever the attack is coming on.

The arc. senile.—When we have the senile arc, pulse weak and syncope, then we have fatty degeneration of the heart and the case is hopeless. For such a condition, without leading symptoms, stramonium is the best remedy, because of the frequent attacks of syncope with very weak pulse. The pupils must be looked after. When enlarged look to belladonna; when contracted think of opium; when one pupil is larger than the other, gelsemium.

There is a retraction of the corners of the mouth in the last stages of phthisis.

There is swelling of the lips in children suffering with worms.

Kali Carb.—Feeling as if the pulsations went clear to the ends of the fingers and toes. This comes on most pronouncedly in the night. The chill in consumption under this remedy comes on in the night, especially towards morning. This is true also of the asthma.

Kerosene.—Some uses for this homely remedy as found in The Medical Genius: In sore throat, quinsy, or diphtheria wrap the throat in raw cotton or flannel, saturated with kerosene. It gives prompt relief. The same applied to the breast breaks up a cold on the chest overnight. In whitlow—felon—place the part affected in a bowl of kerosene oil, completely covering the felon. The pain will be arrested immediately, repeat the dip every time the pain returns, which will not be often. One application of kerosene to the scalp will destroy lice. The smell of the oil will soon pass off. “Crab lice” on the genitals may be destroyed by frequent washings with carbolic soap.



The Medical Library

By O B SERVER

Le Rhumatisme Articulaire Aigue.

A febrile polyarthritis may, it is probable, be due to any one of many different specific causes or any combination of them. To differentiate its various forms a study of the ætiology of individual cases is one of the earlier steps, to be followed by experimental evidence based on synthetical research. MM. Triboulet and Coyon, in their small book on Acute Articular Rheumatism, have not only collected the facts, but have added important results obtained from their own investigations. They divide the cases of febrile polyarthritis into two main categories—simple acute rheumatism, in which, they hold, no microbic infection can be traced and without visceral complications; and infective acute articular rheumatism having microbial accompaniments and complications. Indeed, they look upon these complications, such as endocarditis, pericarditis, pleurisy, and chorea, as due to a secondary infection occurring in the course of a febrile polyarthritis with certain bacteria of which they recognize three kinds. These, which are to be found in the blood and in certain viscera, are the bacillus of Achalme, diplococci, and sometimes staphylococci. Their own work chiefly relates to the diplococcus, which, they hold, having its nidus in the gastro-intestinal tract, passes into the blood and gives rise to a general septicæmic state and in particular to what is known as rheumatic endocarditis.

La Goutte et le Rhumatisme.

M. Delpuech's work on Gout and Rheumatism is one of a series dealing exclusively with the history of disease. The present volume traces the medical history of gout and rheumatism from the earliest times down to the end of the seventeenth century, when the writings of Baillon and Sydenham established distinct differences between the two complaints.

The author pleads for the study of medical history on the following grounds, amongst others. Such a study is of interest in tracing the gradual evolution of knowledge and opinion up to its modern standard. An acquaintance with the writings of the elders will explain how many fallacies were once adopted and subsequently rejected, and knowledge thus gained may prevent the resuscitation and publication of such errors by modern writers. There seems weighty rea-

son in this last, and it is well worthy the consideration of would-be authors now and in the future. In the course of time, too, it appears that discoveries by others are appropriated by, or wrongly attributed to, writers who have no claim to them. In restoring these discoveries to their proper sources, the student of medical history may act the part of "a great rectifier of saddles" so ably played by Bentley in other fields. Even in treatment the author claims that benefit may be gained by such a study, as it would seem that the use of colchicum in gout was once abandoned and forgotten, and its revival was mainly brought about from a perusal of the works of the older writers.

Granting all that the author claims for the study of medical histories, it is still to be feared that his book will have attractions for the few rather than the many. Were our lives as long as in the days of Hilpa and Shalum, then a knowledge of the history of each disease might, perhaps, be expected of every medical man. In our present shorter span, however, the practical advantages to be gained by the mastering of such lengthy tomes on history alone are too problematical for the average individual to essay them. Where time and inclination for such study exist, Dr. Delpuech would seem a trustworthy guide to his subject.

The Thyroid in Retarded Growth and Development.

Dr. Spiegelberg has collected together and translated into German a series of papers on The Part played by the Thyroid in Arrested and Retarded Growth and Development, and on Chronic Benign Hyperthyroidism, originally published by Dr. Hertoghe of Antwerp in the Bulletin de l'Académie Royale de Belgique. The symptoms of myxœdema are so marked and so well recognized at present that a typical case presents little difficulty in diagnosis; but, as the author points out, there are several conditions associated with thyroid insufficiency which often escape detection. Early diagnosis in such cases is doubtless of high importance. Dr. Hertoghe's investigations of the symptoms of various forms of thyroid insufficiency which may or may not lead eventually to myxœdema are original and highly suggestive. He lays great weight on the condition of the thyroid in cases of retarded or stationary development. The backward development so commonly observed in cases of adenoids is regarded as being frequently due to the asso-

ciation of thyroid insufficiency, and the author states that administration of the thyroid extract produces rapid amelioration of the symptoms.

The author considers that in women menorrhagia is an important and generally an early indication of thyroid insufficiency. The association of gall stones and myxœdema, first described by Buschau, is regarded as not infrequent, and several cases are quoted which have come under his own observation. Some at least of the conditions which the author ascribes to thyroid insufficiency offer no grounds for believing this hypothesis: as instances which we would select from amongst others are varicose veins and spermatorrhœa, both of which are stated without sufficient evidence to have this association. Apart from a few points such as these, there is much that is interesting and suggestive.

Anaesthetics and their Administration.

This is the second edition of Dr. Frederic Hewitt's work on *Anæsthetics*. While a fairly complete account of the experimental physiological work bearing upon the subject is given, it is in what may be called clinical physiology that its chief interest lies. Dr. Hewitt is always careful not to theorize upon insufficient grounds, and consequently little here calls for criticism. One or two points, however, may be mentioned. When the incarceration of carbonic acid during obstructed breathing is discussed, we do not think that the author makes it sufficiently clear that the need of oxygen in such conditions is an infinitely more important factor. It is said that, other things being equal, the better the arterial supply to the respiratory center the better the breathing, and vice versa. This is, of course only true within limits, for when rich supplies of oxygen are circulating in the blood the breathing becomes of small amplitude from lack of stimulus to the center; and, as is admitted in other places, it may under some circumstances be of advantage to the patient that respiration should be kept vigorous by a slight, but constant, obstruction.

Dr. Hewitt states that the commonest form of stertor during anæsthetization is produced by the tongue; but it is the epiglottis which frequently causes stertor by vibrating against the pharyngeal wall. This may be determined by digital examination, and is surely the commonest cause of the condition.

The administration of anæsthetics is primarily an art,—an art which has now attained a high degree of perfection,—while the science of the subject is still unfortunately rudimentary and imperfect. To teach an art by writing is a difficult matter. Art is only apparent by its results; when it can be reduced to definite laws then is a science evolved. Furthermore, the point of view of the artist is necessarily somewhat myopic, as that of the scientist should be all-embracing; and

hence from the nature of things the chief part of this book consists of the opinions which have been formed by Dr. Hewitt from his own experience.

Studi sulla Fisiopatologia della Glandola Pituitaria

After reading Dr. Caselli's posthumous work on the pituitary gland, it is easy to understand why Dr. Tamburini should have felt it incumbent upon him to edit it. It would, in fact, have been a great loss if the good fruit of two years of arduous and excellent work had been left un-reaped. Starting with the anatomy of the hypophysis, Dr. Caselli's researches lead him to conclude that the so-called nervous lobe does not contain any true nervous elements. With regard to the conflicting figures as to the weight of the gland, he found that the maximum weight was not observed in unusual encephalic development but in those of average size. Much time and many experiments were devoted to the elucidation of the relation between the thyroid, parathyroid, and pituitary, and his conclusion was that no true relation of compensation exists between them. In the ordinary way the secretions of the non-excretory glands pass into the blood and neutralize or re-enforce each other as the case may be, the absence or increased functional activity of any one necessarily disturbing the general equilibrium. In acromegaly, which is causally associated with changes in the pituitary body, the sequence of events is probably first hyperfunction, causing increased osseous development, and then hypofunction resulting in cachexia, some of the hurtful products of the non-excretory glands not being neutralized. Pituitary organotherapy is still on its trial as regards acromegaly, but in some cases of mental depression the author found pituitary tabloids decidedly beneficial. In bad cases, unrelieved by other means, resection of the hypophysis might, he thinks, be tried. The book throughout shows evident traces of accurate investigation and strenuous work.

—"Nonsense," said the faith healer to the man who was calling for more whisky, "you have not been snakebitten. You only think you were."

"Well," said the victim, pouring out another stiff one, "that may be all right, but the snake thought he was going to bite me, and I can't think as quick as a snake can."

—"Hold on there!" called Charon to the new arrival at the ferry over the Styx. "You wait until the next trip, and I'll take you over alone."

"Why this distinction?" inquired one of the spirit passengers.

"Oh, he's one of those fools that rock the boat, and I didn't want to spoil the trip for the rest of you."

TOPICS OF THE HOUR

The Sectional Work.

That which, for a time, threatened to bring about a bad confusion in the American Institute of Homeopathy, has been happily averted by the prompt action of President Wood and his Executive Committee. This has reference to the immediate (1902) operation of the Runnels Resolutions, which latter, as our many Institute readers will remember, were introduced at the Richfield meeting but under the requirement of the by-laws laid on the table for one year. It seems, however, that Dr. Runnels understood the Institute by a unanimous vote to have agreed upon his plan of sectional work for the oncoming Cleveland meeting, and, necessarily, in advance of the proper action of the proper committee, and of the Institute as a whole. A reference to the official records failed to disclose any such unanimous vote, or any mandatory action whatsoever giving these Resolutions the right of way. Hence, President Wood, and his cabinet, as in duty bound, elected to follow the Constitution, and the existent sections will continue in their appointments and work.

The purpose of Dr. Runnels in drafting and vigorously pushing his Resolutions is, above all things, the most praiseworthy. He had seen, as had others of the thoughtful membership, that matters had reached a crisis when only a diaphanous partition separated the Institute from immediate disintegration and ultimate disaster. The several specialist organizations which had flourished in the shadow of the Institute are, as we have repeatedly pointed out, a distinct menace to the integrity and wholeness of the Institute itself. At Richfield, where these separate bodies were most successful, the regular sections were almost emasculated, because the majority of the specialists, having adjourned their better arranged bureaux, and having voted for the Institute officers, paid their hotel bills and returned to their immediate field of operations, while the legitimate sectional work languished and went almost by default.

Dr. Runnels and his abettors conceived the idea of rehabilitating the Institute sectional work on such broad lines that the necessity for quasi-independent organizations would cease; so that all members of the Institute would find the proper incentive and encouragement to remain leal and loyal to the parent organization. Thereupon there was drafted a series of Resolutions of which the following constitute the principal features: 'That the independent organizations will disband and return to the parent organization; that they will do this on the condition of retaining the right to elect their own

officers from President to tiler; that they will prepare their own records, in due time to be handed to the Institute's General Secretary for the Annual Transactions without revision; that they will take as much time for their deliberations as necessary; that they will hold their meetings at such time and place—during the time allotted to the parent organization—as may suit their purpose.

We have not purposely misquoted, if we have misquoted. We heard the Resolutions read by the distinguished author and speak only from memory—the Resolutions themselves not being available.

But are these drastic and very radical changes demanded this year—since we are to meet in a "City of the Second Class" in peace and harmony—with no white-heat-plowshare questions of malfeasance in and out of office, to distract our labors? Cannot the true lovers of our homeopathic Institute find a more liberal plan of dealing with the dangerous question than the recommendation for its emasculation? For anyone who reflects for a moment upon the gravity of the heroic remedy proposed will see that the ultimate dismantling of the Institute proper is a matter of only a little time. A house divided against itself cannot stand. An Institute more than half disaffected, and very much less than half loyal, is impossible. It must be all Institute or all independent guilds. Under the Runnels Resolutions the President of the American Institute would have naught to say—and of course the Institute, for which he stands, likewise—as to the make-up and conduct of the several independent organizations which seem now to have the whip-hand. The American Institute of Homeopathy will then consist of only two or three medical sections, and a general session each morning, with intermittent political caucuses and voting for the colorless office of President.

As we understand, the chief and perhaps only complaint has been in reference to the detail of arrangement for the sectional labors. But may not a pig be roasted without burning down the house? Surely, with the wisdom and love of the non-political members, some better and certainly less heroic plan can be evolved than that now pending in the "hopper." This is the last of the three years for trial of the present sectional plan. It ought not to be, and doubtlessly will not be, a difficult matter to recast the sectional work so as to meet the fullest wishes of the quasi-independent organizations.

Let us all be good American Institute members. Let us stand to and abide by the vote of that Institute. Let us make endeavor to adjust the errors of the present plan and find a way

which will save us from the danger of the extremes. Let the Presidents of the present independent organizations put themselves in communication with the Chairman of the Institute, and with their efficient help make the Cleveland meeting a harmonious, peaceful, banner occasion for homeopathy, as well as for our glorious American Institute. Let us not present the inconsistent spectacle of two rival organizations on the same topic, meeting under the same auspices in 1902. Let us bury our animosities, our politics, our personal preferences, and let us remember that the success and continued prosperity, not only of the American Institute, but of Homeopathy itself, is in the balance. Let us avoid the plan of some of our homeopathic colleges which have become so overgrown with specialties that the two or three homeopathic chairs are remarked only for their weakness and insignificance; so that to-day not one graduate in a thousand will add "Homeopathist" to his strap-iron shingle. Let us not follow after the exploded plan of the American Medical Association. The American Institute of Homeopathy—the Institute of Dake and Talbot, of Holcombe and Lilienthal, of Ludlam, Dowling, Schneider, and that long line of pioneer homeopaths—must be supreme!

♦ ♦

Dr. G. M. Ward.

We learn with great pleasure of the appointment of our friend and master homeopath, Dr. J. W. Ward of San Francisco, to a place on the San Francisco Board of Health. This is a most excellent appointment from every point of view, and we entertain no misgiving as to the conduct of our estimable friend in his new office. One of the local papers ventured some doubt touching the propriety of the appointment in view of the fact that the other members of the board are of the old school of practice. But Dr. Ward, in an interview, replies that he anticipates no friction; that all gentlemen can and should meet upon the common ground of the city's chiefest interest, and not for the purpose of exploiting this or decrying that school of medicine. He claimed no novelty in his appointment for his school of practice, since, among other notable instances, the chairman of the State Board of Medical Examiners is a most thorough homeopath—Dr. Buell of Los Angeles. Sincere congratulations.

♦ ♦

Nuther Trust.

But this trust is one with very pleasing and palpable "benevolent assimilation," and in the truest sense, with James Richey Horner as the new Pierpont Morgan. Dr. Horner, who resides in Cleveland, according to a Chicago medical journal, is arranging to gobble up all the col-

lege fraternities into one grand and luminous whole at the Cleveland Institute Session, uniting the various college alma maters [Latin doubtful], and having a rousing, jolly, old-fashioned good time of it when they meet here in this "city of the second class" next June. The object is a praiseworthy one, and we hope it may succeed to the fullest and highest expectation of its promoter and projector, Horner.

♦ ♦

Our Homeopathic Journals.

The January number of the North American Journal of Homeopathy, issued in virgin white-and-gold cover-pages, is the Jubilee number of that famous journal, and handsomely portrays the progress made by this oldest of expositors of the old-line homeopathy. For a cover-page illustration there appears a fine engraving of the Hahnemann monument at Washington.

Interiorly it gives three engravings. The first shadowing forth former distinguished editors of the Journal, beginning with Constantine Hering, in studious pose, long white hair, square spectacles, and note-book; adding Father Lilienthal (who always and to the last pronounced it "antip-soric"); Timothy Field Allen in academic cap and gown; Father Hempel, with curls and glasses; Holcombe, the sweet poet, mystic, and author; Marcy, whom we know only from the good works he left behind; Hale, whose presented picture was taken a good many years preceding his passing; Bayard—another who could lay honest hold on that distinguished family motto, "sans peur et sans reproche"; the polished and trenchant Ludlam; our own brave and lovingly remembered Dake; and last, though not least, T. Griswold Comstock—the only one of all this symposium of great men and editors who still abides with us in the flesh—and may he long continue so to inhabit his earthly bishopric say we all of us.

Where could the profession of to-day have found eleven more honored and more justly admired masters in our most recent profession? When will their glory fade?

The second picture shows the original cover-page of the first issue, February, 1851.

The third picture of the series takes us into the present moment, presenting the portraits, all of them finely done, of the present scholarly editor, Eugene H. Porter, with the famous poet-surgeon Helmuth, Deschere, Pearsall, Mills, Moffat, Garrison, Judge Deuel, J. Perry Seward, J. B. Gregg Custis, W. H. Bishop, Alfred Drury, and the noted neurologist, J. T. O'Connor.

And we are again moved to ask where, of the living, could a finer array of homeopathic talent be found associated in the good work of up-building and supporting Similia? Every name is that of a master in his specialty.

We congratulate the North American upon its jubilee occasion and hope it may continue in its appointed way long after we, the present profession, and these men whose pictured faces look out at us, have been gathered with those of the first picture. The whole issue is a handsome one, and the editorial corps is deserving of particular felicitations upon the output.

In this same relation, speaking of journals, we welcome the rehabilitated Cleveland homeopathic exponent, now returned to its aboriginal name of Cleveland Medical and Surgical Reporter, with James Richey Horner, editor. There were many reasons, but especially that of its legality under a later name, which caused the management to return to the first name, and then bring out the journal in monthly form. It is a very fine homeopathic production, filled with good matter, well arranged and presented. It shows both care and skill in its make-up. There is every indication that this homeopathic journal has come to stay; and we join in this hope with its many alumni contributors and others.

And yet again, referring to the journal matter, we find that our good brother and frequent contributor T. C. Duncan, the eminent author of Heart books, has been added to the Hahnemannian Advocate as the third editor; so that it may be safely assumed that the Hahnemannian Advocate will now leap to the front of the pure homeopathic fighting line and keep the profession well supplied with the genuine article.

Taken all in all,—these mentioned journals, and the others not now mentioned,—we find that the homeopathic profession is not like to lose any of them, nor find that the interest has departed from their pages. Everywhere there is evidence of a reawakening, and that the year "ici present" will be a banner year for homeopathy.

♦ ♦

The Tetanus Question.

The circular issued over the name of a Camden druggist is so transparently unfair that a desultory reading is enough to condemn the method invoked of injuring a prominent pharmaceutical house. As our readers may have gathered in reading after us, we are not overly enamored of the serum-therapy, and have been waiting for the dying down of this fad by loss of novelty and other conditions—principally the uprising of something "Made in Germany," a little better advertised and, therefore, caught up by the floating medical opinion; this feeble, fluctuating opinion, as with the common people, is prone to depart from the plain and simple ways of life, to rush after something a little newer and promising a bit more of interest, capital, or success. But the blasting of the reputation of a prominent pharmaceutical firm is no part of our wish or endeavor. And it pleases us, as it does every fair-minded physician, to note that the immediate clamor produced by the untoward hap-

penings in Camden and St. Louis having subsided, the examinations properly, legally, and scientifically conducted, disclose the undoubted fact that the tetanus was traceable to other and far more rational sources than those alleged by the self-interested druggist of Camden. The H. K. Mulford Company comes out from under the temporary cloud with flying colors. It has the proof; while the others have merely hypothesis and rumor, and perhaps a malicious intent backing it all.

That both antitoxin and vaccination have received body-blows from which it will take time to recover—in the eyes of the laity—is undoubted. But if the serum-therapy is built upon a rock these incidental storms will pass over without causing any material changes. True, the loss of life will tend to make those in office and having charge of these toxins a good deal more careful.

But is not this spasmodic virtue altruistic? Take the instance of the holocausting of a theater or a hotel—instances of which are within the memory of every reader. Immediately thereafter up goes the cry for fire escapes, for better modes of exit, for better fire appliances, for differently built stairways, and for sequestered elevators. The pitiful hauling out of the charred and mutilated remains keeps the interest in the horror fresh and indignant. But for how long afterwards? Take your place in any theater built in such city since that frightful funeral pyre, and think for a passing frightened moment what would happen if a few tongues of living fire were seen to issue from beneath the asbestos drop curtain! Take your place in an elevator of the skyscraping buildings and think of a rope or a chain breaking, or a wheel leaving its bearings, and then what? Why, next day there will be indignant morning-paper letters from A Constant Reader and Vox Populi denouncing the building laws, the political officials, and calling for prompt remedying of the now palpable weak points. And again after that, what? Silence.

In Cleveland there is a very stringent law providing for fire-escapes to all buildings within the fire-limit district. There are certain public and well-paid officials whose duty it is to see that these fire-escapes are put up and that they are efficient. Still, within the past two months a fire was discovered in the cellar of a shoe-store, and spread with such exceeding rapidity up an elevator (which was not safeguarded as the law plainly commands) that all exit was cut off, several fatalities resulting, and others were ambulated to the hospitals for repairs while you wait. Was there no fire-escape? Oh, indeed, truly, there was. Certainly! At the back of the building overlooking a narrow alley-way, where no one seemed to know it was located except the few people who happened to have offices darkened thereby, and who used the intermediate steps and landings for holding their luncheons, or ice-water pitchers, or store refuse, or gum shoes.

So that this cry of the danger from tetanus will die down in good time, and the great unreasoning populace will forget the tetanus, as it forgets the fire, the flood, the theater, and the elevator. Persecution of the manufacturers, like all other persecution, redounds to the interest of the persecuted. If antitoxin and vaccination are to be killed, it must be done not by venomously shying bricks at them, but by supplanting them with something that will show better results in the long run of careful application. Antitoxin has too many physicians and their patients ready to pledge their undying faith to its efficacy, to be put under by the mad effort of one man and editor in the West. The same is true of vaccination. Vaccination has doubtlessly been the cause of many a sore arm, and pushed to the extreme has caused some loss of life. On the other hand, with the modern cleanliness, chemical cleanliness, ultra-surgical cleanliness—vaccination has undoubtedly been most effective in destroying the possibility of epidemic smallpox. It is unkind as it is eminently unjust to condemn a practice because, forsooth, in our immediate path are evidences of loss, which we, blinded or prejudiced by the failure of our efforts, attribute to other causes; while in other districts, covering vast areas of territory, the result has been beneficent. In making out a man's account, the bookkeeper does not content himself with casting up the one side of the ledger alone; he takes both sides and strikes a balance.

We can well remember when smallpox was epidemic, as cholera was epidemic, and as other diseases, now almost extinct, were epidemic. True, some measure of credit must be given to the better living and the more intelligent application of the Divine law of Cleanliness; the improved resources of the medical profession must come in for a share of the praise, but these alone will not account for the beneficent absences. And if there be any virtue in the serum-therapy then vaccination cannot be wholly outlawed by the dictum of a few overzealous, almost fanatical reformers.

We have read most patiently the effusions of some of our present-day anti-vaccinationists, notably those contained in the now departed Homeopathic Physician, and also the newspaper letters printed from time to time in an Indianapolis daily paper by a brother medical man,—and we are free to say that we have not been converted into anti-vaccinationists; and, if one of our children should reside within the zone of a possible smallpox invasion, we would risk the assumed deadliness of vaccine poison when brought to us in the usual careful, chemically clean way of Mulford, Parke, Davis, and the others. A physician who would permit his child to contract smallpox in the face of a possible preventive by vaccine matter, could most properly be placed on the same pedestal with the father and mother who permit their child to die under the ministrations of Christian Science. Perhaps,

worse. It would be most embarrassing for us to look again into the faces of that father and mother who, through our foolish, faddish recommendation, had failed of having their child vaccinated and then lost that child—or, worse yet, have the hourly agony of seeing it, disfigured, maimed, and deformed! Better far that the vaccine-lymph-tetanus had carried it into a sudden and early grave than a lifetime of such infirmity and blemish.

The few instances so broadly and viciously circulated by the Camden druggist are as nothing compared to the infinite millions who have been benefited by the century of practice, and of which several millions have been unquestionably saved from smallpox by the particular brand of vaccine furnished by the H. K. Mulford Co.

♦ ♦ *No Fireworks.*

The Literary Digest of a most recent date, in speaking of the effect upon the newspapers of our country of the President's Message to Congress, quotes a number of exchanges giving vent to large sighs of relief because that German axiom, "Unverhofft kommt oft," has failed of coming true; that is to say: the unexpected did not happen—in the message. There seems to have been among certain of the ingrained and well-seasoned political politicians a freely expressed fear that our "Teddy" might still be impulsive, and carry his Rough Rider cocked hat into the Presidential chair; or that his message might contain another Round Robin. The Chicago Journal says that the country will draw a breath of satisfaction because there are no fireworks in the message.

There are a good many timid, though otherwise right-minded, people in the world who are as afraid of fireworks as is the devil of holy water, and who from long contemplation and brooding on the subject have reached the conclusion that a man with fireworks in his make-up must needs be a dangerous person, one to be classed with the muffled-handed anarchist. The fear of American "statesmen" that an American might indulge in fireworks is of all things the most ridiculous and inane. Why shouldn't he give vent to his fireworks? What are fireworks made for? We are a young country full of vim and vinegar and dash and go—call it jingo, if you will—but it is fireworks which keeps things moving.

The absence of fireworks is not necessarily a carte blanche that the peoples so non-gifted are the safer or the wiser. Where have we, on the face of the map, a more conservative, more careful, more undemonstrative race of people than may be found in that tight little, bright little isle across the sea? What has happened to it? Listening to the jingo and fireworks of one of its principal men,—a designing official with a

monocle and a sharp nose,—despite the objections of their good queen, that nation has been plunged into a war which has proven anything but profitable, to say naught of being humane—as wars may be termed. So that fireworks do not belong wholly to the young and the immature.

Take our own great country. Only a few years ago our calm and peace-loving President—may his rest be sweet—was pushed from day to day, from hour to hour, by the fireworks of the country, into a war with those who had been of our earliest friends. Where were the fireworks then? Did any of these political smell-feasters, these editors who are so fearful now of fireworks in our President—did any of these cry down fireworks? Glad indeed were they, and all other loyal citizens, to find one man like Roosevelt, who had fireworks and was not afraid to explode them where they were like to do the most good.

A certain amount of fleas, said David Harum, is good for a dog, to keep him from brooding over being just a dog. A certain amount of fireworks is necessary in every vocation, profession, and business in life. And it will do our country a world of good if a little well-directed fireworks is placed under its established misusages and incorporated wrongs—just to see what would happen.

We are of that constantly increasing number of Americans who have admired “Teddy” with all the power of our nature, because he had the fireworks tendency in him, and knew when to make use of it. It required fireworks to be Police Commissioner of that Model City of Modern Corruption; to be Governor of a State boss-ridden and trust-ridden; to be Assistant Secretary of a Navy which is wound over and under and down the middle with the coils of political chicanery, now disclosing and unwinding to the public view, in the persecution of a gallant and successful naval officer. It was the fireworks in Schley at Santiago that made him disliked by the Board of Circumlocution at Washington. It was the fireworks in Dewey which gave us that early May morning victory at Manila and which was the beginning of the end. And it was the same fireworks ability which raised our George once more from that obscurity into which some unwise doings following upon his marriage had precipitated him. For his conduct of the Schley investigation, together with his minority report, have put him again high up on his pedestal as a true American—one who knows an honest man, a good worker, and a first-class soldier or sailor when he meets him.

We have every confidence that former Rough Rider Roosevelt, with his American adaptability, as well as the individual initiative, who now graces the Presidential chair at Washington, possesses the requisite amount of fireworks to make him a true, wide-awake, American-loving American; to dally with whose sense of right and wrong will produce a pyrotechnic explosion

most disastrous to entrenched political corruption and the military and naval Aristocracy at Washington. Let us have a little more of Roosevelt fireworks to keep us all young and fresh and brisk and in motion. Save us from that masterly inactivity which insensibly overtakes a nation fallen into the sear and yellow leaf; which is governed by hoary tradition; which is basely content to abide in dishonorable peace rather than witness a display of fireworks.

Let us alone have more fireworks in our own profession—the profession of homeopathic medicine. The journals of our school are painfully remiss in that they are, many of them, become naught but sepulchers of letter-perfect medical papers, which only a few readers read in extenso; or else they sit in despicable silence upon palpable wrongs which a word in season—spoken gentlemanly, if possible, but spoken nevertheless—would suffice to bring prompt correction. Let us—a few more of us alleged editors—get away from our double-adjectived notices of our special college or hospital or pharmacal foundry, with which we seem so indissolubly linked, and say something sometimes that has not over it all the trail of the commercial interest advertised in our advertising pages. Let it be something just a little better than stringing our hyphenated and A. M.'d name across the lower half of the front cover page below the Glycerinated Cod Liver Oil.

Let us thank God most fervently that we can still enjoy fireworks. That American is indeed dead who has no pleasure in his Fourth of July holiday; who grinds his teeth in anticipation of the celebration with noise and fire of his natal day. Let us thank God most devoutly that we can still feel the fire of youthful enthusiasm coursing through our “blood”-veins; that upon occasion we can still get most awfully “mad” and perhaps use profane language and smash things. Nothing is quite so dead for all uses in a patriotic country as a living dead man. Pray for more fireworks in your little, weazened, dried-up, metaphysical, philosophical soul!

President Roosevelt is a typical American. In every relation in life he has proven himself able to hold his own. He has never wavered in his duty. Without fear and without cowardice he has served his country. Without any feeling, save that of honest patriotism, he resigned his Government appointment and was among the first to take an active part at the front. With his men he shared their toil and danger, and was found with them in the fighting line. Fireworks! Of course he had fireworks. If he hadn't had, he might during all this enduring time have dallied in sweet pink-tea safety at Washington, drawn his salary with cheerful alacrity and dispatch like a political-soldier-patriot, and helped to confuse the brave men in the field by obscuring their war plans and commanding them to do that which they, being at the front and in the presence of hostilities, were better fitter to do, by reason of

their lifelong training and education and proximity to the field of necessity—far better, let us again praise God!—than the lawyers in temporary political command at Washington.

It is no evidence of rare acumen in the gift of prophecy to say that President Roosevelt will not be a willing or conscious party to any political cabal in the Navy or Army; and, further, that before he gets all through with these Augean stables, there will be a whole lot more of political people praying that he may have no more fireworks to explode under them.

We are not politicians. We are simply plain everyday citizens who admire a man with a backbone; who can forgive to a good man a poor judgment, rather than be expected to stand, hat off, in perfunctory admiration of the fossils of statesmanship which have remained over from the last century. We loved Blaine because he was a good American and typified his love for all things that were American. And we love Roosevelt even more, because he is a young man, and because he is impulsive and therefore honest, a man who comes nearer the American idea of readiness in every emergency than any hoary-headed statesman-philosopher with whom we are acquainted. May he never lose his fireworks!

♦ ♦

Matchless Fraudo.

The Fraudo Company at Cincinnati, which is filling our mail with offers of reduced rates for an alleged hair-grower, but which, upon promise of sending a sample of its "matchless" Fraudo, sends a bit of soap instead, has now reduced its price, after three or four hatfuls of literature, to less than a third of its original price. The gall of this notable institution is truly monumental. It addresses us on each occasion with our full title, and still ding-dongs us to act as agent for their "matchless" Fraudo. After threatening proceedings against a number of the Free-to-Men sharks who had found our name somewhere and had pestered us with all forms of dope and belts and electricity, and magnetism, and tablets, and vacuum apparatus to make us young and handsome once more, we have succeeded in shutting them up. Now this Fraudo Company at Cincinnati seems determined to make us have "lustrous, refined" hair by merely using a small rectangle of their soap and three dollars' worth of Fraudo froth, bark and roots. There seems to be now no way to keep this pestiferous concern from filling our waste basket with undesirable literature. It is to be regretted that our great and good Government cannot take time enough from a contemplation of the Nicaraguan canal, or censuring of military heroes, to cut these fraud concerns out of the mail. That which is transparently plain to an ordinary business man seems to be thicker than oatmeal gruel to the Government officials.

The Necessaries vs. the Superfluities.

Lord Lister, in speaking at the opening of the new operating theater at St Thomas' Hospital, says the Medical Press and Circular, touched upon the very important matter of the sumptuous and elaborate apparatus now used at hospitals to secure perfect asepsis in operations.

Lord Lister had nothing but praise, and well-deserved praise, for the admirable way in which the new operating theaters had been fitted up; but, as he put it, he felt jealous lest students who learned their surgery where these luxurious appointments and arrangements prevailed should, when they had to operate in the homes of the poor, feel discouraged at the absence of the accustomed apparatus, and relinquish in despair any attempt at asepsis. The remedy for this very real danger is that the surgical staff should be mindful to warn their students that to obtain good results in operative work, it was not absolutely essential that the operating room should have walls of white enamel with a dado of marble, should be floored with terazzo pavement and ventilated by warmed air pumped through sterilizing filters by rotary fans. It is, of course, to be desired that such accompaniments should be within reach of all, but it is equally desirable to remember that Lord Lister did the great work which made his reputation in old-fashioned hospitals, without any of the excellent, but costly and elaborate, details now in vogue. Lord Lister was careful to guard against his reference being misunderstood, and he made it clear that his criticisms were not directed against perfection in surgical methods, but were intended to convey the lesson that elaborate precautions, though they make for success, are not indispensable thereto.

But is not this the same danger that confronts every medical student of to-day—this filling him full with the need of needless instruments and medicines, and chairs and aseptics, and trained nurses and the latest kind of a funis holder, or safety pin? If the carpet-knight professors had nothing new to work upon, what would be the need of their holding on to their diaphanous pretense of great learning?

We have spoken with upwards of fifty graduates from various alleged homeopathic colleges, who deprecated the fact that poverty precluded their purchasing of this or that ozone machine, or surgical chair, or electrical outfit, and deploring their inability to practice medicine without these necessary adjuncts. Second-year students trot through the streets with obstetrical bag filled with Hodge forceps, or several pairs, a large-sized pocket-case of instruments, rollers, and Levis splints—and looking for opportunities to add other modern necessities to their visible stock in trade. Even to-day, the Professor in Lying-In in many of the colleges tells his classes how many dozen of diapers of this size, and how many of the other kind, to insist upon his par-

turient patient providing. Then there are a dozen or two more of other nice things to be required in every case: hot-water bags, creoline, a pound or two of absorbent cotton, and—but what's the use to repeat the rigamarole of truck which we all had to learn, and then unlearn in about the first case we came to?

Old Father Lilienthal, may he rest in peace! told in our hearing, at one of the Institute meetings, how he had heard and learned this wonderful farrago of nonsense, and how he had determined upon carrying it out in extenso, because in no other way, he believed, could a child be born and survive except by following these cut-and-dried rules of the college professor. And then the very first case of obstetrics he had was in the garret of a New York tenement house, no fire—in December—no water, no soap, no cotton, no diapers, no trained nurse, no nothing but squalor, dirt, and distress. The snow was sifting in through a broken window-light directly upon the bed. And to emphasize the ridiculousness of his teachings and to give the coup de grace to his alarms, he had a pair of twins to care for, who grew to be lusty ward heelers and husky pugilists.

When a medical man's library is sifted down it is truly remarkable how few of his books are opened in a twelvemonth, and when his instrument case is examined, it is equally wonderfully with how few of them he does his best work. Let the colleges teach a little more of the practical things of the medical profession and keep him (the graduate) from wrecking himself financially at the beginning.

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Some Discredited Drugs.

A careful reading of the journals gives frequent notice of the decadence of once popular measures and methods in medical lines, and the uprising of others with which the rank and file are not familiar. Those of us who note the advertisement pages are not surprised to find that fashion dominates in the medical journal advertisement, as much as it does in the purely literary magazine. Anyone, having been asleep for a number of months, could tell about what month he was awake in, by looking at the advertisement pages of Harper's, or Century, or Scribner's. So a desultory view of the morning papers tells the same story. We do not find the oracular Munson with his pompadour, uplifted hand and up-pointing finger, recommending rheumatism medicine in June, any more than we find Hood's Sarsaparilla booming, or blooming, in October. The vaccine points and antitoxin ads. give away the season of the year in the medical journals; and so with others. It has also been noticed that unless a proprietary article is constantly hawked and boomed and trumpeted, it soon falls out of the procession, and gives way to something else. It is with medical proprietaries as with

cigars. The latest brand is the best. It would be silly to ask for an "Iron Crown" cigar, which was *the* cigar in 1871-73; and remember Roback's Bitters, or Helmbold's Buchu, which had such immense runs once upon a time. But even in more recent times proprietaries which seemed to have a good hold on the people have passed out of remembrance. Take, for instance, St. Jacob's Oil. As soon as the advertisements were withdrawn—and what advertisements those were, too!—the former virtues of the oil, brewed by the dissolute, cowed monk sitting in the Black Forest, presumably contemplating the evils of the world while devising the oil—were lost, and now Omega Oil has taken its place with its goose ads.

Among those of a more recent date, and one which held most tenaciously to the craft, was the alleged virtues of cineraria maritima in the treatment of cataract. Yet here comes Dr. A. E. Van Wenter of Oswego, Ill., in an article over his own name in the Medical Council denouncing it as a fraud, after making use of seven bottles at one dollar per bottle. Another remedy sometimes found in the medical journals and highly extolled in sexual impotence—and how that does gather in the old incompetents!—was yohimbine, but which the Medical Council believes has no existence in fact. A German physician made trial on six men (physicians) one of whom was in perfect health, and the remainder had sexual debility connected with neurasthenia. In not one of them was any aphrodisiac effect produced, but almost all of them showed signs of poisoning. The prover concludes that in those cases in which cures had been reported it was the result of suggestion rather than of the medicament.

It is a singular infatuation, which the world has, for "dope" of this kind. Let some medical nastiness be suggested as a remedy for impotency—sell it at a dollar a dram, and men will fight to procure the stuff. How many gallons of saw palmetto have been guzzled by expectant men in the hope of bettering a latent passion, only to find after a few weeks that it was as useless as all the other dopes so well advertised. That there may be a temporary access of power from the unusual stimulation is not denied; but that it will result in bringing back sexual life to a man who has wasted his substance in riotous living is nonsense. A man who has ruined his lungs, or spit up half of them, will never have a new pair of lungs by taking medicine, or ozone, or hot springs mud. That which is gone, is gone. A sexual debility arising from a medical standpoint, the result of disease at other points, is, of course, raisable with proper treatment. But when all is said, in such cases, nature itself will restore that which is weak or held in suspension.

Some of us recall the instance of a grand old physician who took unto himself a fourth wife at a time when ordinary prudence and medical common sense should have taught him the dangers of an excitation due to false stimulation of

certain parts of his body. The young wife was—yonger than he! He died speedily in a State institution, melancholy mad, with never a moment's return of sanity.

These wonderfully advertised remedies which flit up and down the medical horizon, and through all the columns of the morning papers, are well let alone. There are certain well-established principles in medicine, and in medicaments with which every physician should be familiar. And being thus acquainted he will not make the unpardonable error of giving to an ordinarily well man—as men are well, on the average—a prescription for making himself stronger, or adding to his physical enjoyment; for though the immediate result attained may justify the belief in the efficacy of the medicine, the rebound of that overstimulation will give his patient—who will then most assuredly become a patient—a bad and dangerous time, during which nothing will bring him back even to his former but ordinary well being.

And as we have reached the matter of unnatural stimulation, we close this article with a quotation by Dr. Baumgarten, in the St. Louis Courier of Medicine:

"To realize the absurdity of modern excesses in stimulation it is necessary only to recall to mind the scene that we all have had opportunity to witness, and which could be prevented by a closer study of prognosis than is common, a better knowledge of the action of stimulants, and the courage to abstain from attempts that are recognized as futile. Already the face of the patient is turning pale and ashy, the cheeks and lips are cyanotic, the jugular veins are full and undulating, respiration is labored, quickened, or convulsive, the legs are dropsical, the kidneys have ceased their function entirely, the heart-sounds are feeble and unequal in force, the number of the pulses no longer equals the beats of the heart, the pulse vanishes, hands and nose are cold and clammy, the forearms covered with beads of sweat, the intellect is clouded, the patient not able to think, much less to speak. And still we persist in 'firing up' with whisky and champagne; strychnine, nitroglycerin, brandy, ether are injected, one on top of the other. All that has ever helped a failing heart, no matter when or how, is promiscuously poured into the dying body. Truly, the step from the sublime to the ridiculous is short, and how often we take it!"

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The Health of King Edward.

The (London) Monthly Homeopathic Review copies from the Medical Press and Circular the following, touching the physical condition of the English sovereign:

"With a full sense of the difficulties and the delicacy of the situation, however, we feel that the time has arrived when a full statement of the

facts relating to the illness from which His Majesty has recently been suffering should be laid before the nation. In view of the fact that a detailed account has been published of several surgical operations performed in rapid succession, we feel it is no longer possible to ignore the subject, however painful and pathetic the picture that it suggests. It is stated that papillomatous growths have on three occasions been removed from the left vocal cord, and that an immediate operation of another nature has since been rendered necessary.

"Under these circumstances, therefore, it seems right and proper that the national anxiety should be at once met with a clear official announcement as to the truth or otherwise of these distressing reports."

The Lancet, on the other hand, has "every ground for stating that recent rumors concerning the health of the king are entirely without truth or foundation. His Majesty is in good health, and has undergone no operation whatever."

And there you are!

The editors of the Monthly Homeopathic Review seem to be as much at sea as the other Englishmen, and merely append a hope and a prayer that the king may not be in danger.

It is evident that the English people do not propose to have an example of American enterprize injected into their notion of the decencies of newspaper publication, as was done with us, by our best morning papers: i. e., a discussion for our youngest daughter to read—of the condition of the urine and bowels and other filthy suggestions in connection with the tragedy which carried off our martyred President. For this the English people—if they can continue in their efforts at decency in this relation—are to be thanked and commended.

We join the English people in their hope for the continued good health of their sovereign and that he may live to a comfortable and green old age.

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Undertakers and Cremation.

Dr. John R. Kippax of Chicago read an instructive and very interesting paper on "Some Medico-Legal Aspects of the Cremation Problem" before the Homeopathic Medical Society of Chicago, November 21 last. Had we the space we would be glad to copy this paper in full; but, as it has already been published, it may readily be had. The subject is an interesting one, taking it from every possible viewpoint. Personally we are in favor of cremation of the body, but we agree with the distinguished writer of the paper quoted, that the act of cremation should be surrounded with sufficient safeguards to prevent the possibility of crime or premature destruction of life in a seeming dead body. In answer to questions asked or proper authorities, Dr. Kippax learns that in but a few

instances are any efforts made to protect a comatose body from destruction; that a crime might easily have been committed, and, the body having been subjected to the ordeal by fire, destroy every vestige of the foul play.

A rather peculiar incident occurred in Cleveland a few weeks ago. A patient had died. Usually the undertaker, after his first visit to the deceased and before taking any active steps towards embalming, pays a visit to the attending physician to receive the certificate of death, for, in the absence of this certificate, he will be refused admittance to any cemetery. The physician waited for the appearance of the undertaker. He came not, though the remains lay within two blocks of the Doctor's office. Twenty-four hours before the advertised time of the funeral the doctor was called to the telephone and asked by the undertaker the cause of the death, and if the doctor would permit him, the undertaker, to make out the death certificate for the doctor, of course signing the latter's name. This being refused nothing more was heard until two hours before the ceremonies at the house, when the undertaker's apprentice leisurely drove to the doctor's door and asked for the certificate of death. In this instance no special harm was done. It proved, however, two things, that (1) evidently some undertakers were in the habit of making out the physician's death certificate; and (2) that the embalming process had been completed days before the undertaker could know what was the cause of death, except as interested relatives might choose to tell him. If a crime had been committed, then the embalming process would almost wholly destroy such evidences, and if cremation followed of course all traces would be lost. Very often, the patient dying during the night, the physician is not notified or, if notified, merely to the effect that the patient is dead, which ends his visits to that place. He has not been present at the moment of death. The undertaker is sent for and at once proceeds with his embalming. Is there not a modicum of danger that life *may* not be extinct when he throws his poison into the vascular system? Ought not the attending physician, and another one not interested in the case, look at the body and determine that it is in fact dead?



Immorality in Novels.

We have been standing behind the arras, waiting with bated breath to learn of the exclusion of "Warwick of the Knobs" from some of the public libraries because Judge Elford and Preacher Warwick drink several huge "fingersful" of whisky upon a certain occasion, in order to quiet their souls for the combat of ideas which was presently to follow. If the talented author had appended a starry footnote to this incident and explained that while the cuss-words did ap-

pear in the text, he, himself, John Uri Lloyd, wa'n't swearing, but only telling how his characters swore; that he deprecated the habit of profanity as much as his most gentle and sensitive reader; and that he indulged the hope that the example depicted in the page would tend to deter all others from profanely swearing—it would have accepted with good grace. But he didn't do this. Hence, it must be inferred that he, the author, encourages drinking of whisky, and, hence, further, his book is not safe to be intrusted into the hands of young children and delicate women, or perhaps even to the molting male species. An author of to-day cannot be too almighty careful how he touches upon dangerous topics—unless he adds bracketed explanations of his intentions. What ordinarily sane average humanity-loving soul, for instance, would ever have thought of excluding Sappho from the stage, until someone more than usually prurient mind suggested the incidental possibilities of smirching the young and the innocent upon witnessing the "toting" of Sappho up a circular stairway in the arms of the hero of the play. After that everybody could see the inherent immorality and indecency. Public morals are a wonderfully finical thing. Here to-day and gone to-morrow; yes, we know, that is so.



A College Change.

The Hahnemann Hospital College of San Francisco is no more; in its place there now appears the Hahnemann Medical College of the Pacific. Internally no changes seem to have taken place; that is, as to the personnel of the faculty or officers. The school, under the leadership of Ward, Boericke, and Arndt, has established for itself an enviable reputation and will continue to add to its laurels as a first-class homeopathic college. The name-change was made for reasons of a commercial or legal nature, its former legal status having rendered it almost impossible for a professor to be of the executive staff. We have no criticism to make of the change, though we deprecate the disappearance of the old and well-worn name; but we do wish they hadn't long-handled the school with such a name. Why not have called it the Pacific Homeopathic College and be done with it? The word "Pacific," away out there in California, wouldn't be deemed inappropriate, however much it might seem out of place in Chicago. And the interpolation of the word "Medical" seems to be a needless addition. What else could a homeopathic college be but a medical college? Take, for instance, our own beloved alma mater. "What college did you graduate from?" "Why, the Homeopathic Medical College of Missouri." "Where is that institution located?" "In St. Louis." The St. Louis Homeopathic College would correctly and succinctly express the whole thing. But, please, remember,

Brer. Arndt, that we are not criticising your college. It has always been a fine and up-to-date school, and has had some masters in homeopathic philosophy and therapeutics in its roster—and has to-day.

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Therapeutic Infidelity.

The following which we copy from the current number of American Medicine is in line with much that concerns the members of our own (sectarian) school. To the careful student of medical matters during the last past ten years it must have been obvious that therapeutics was becoming a painful less quantity; that, on the other hand, the disposition to appeal to the knife was in the distinct ascendant. That this should be true of the old school is not matter of great comment. The old school has never had a rational basis upon which to prescribe for its only sick ones, and was, therefore, of a necessity obliged to resort to the many other devices in order to do something for those people to whom they were called. The old school has itself frequently spoken to this effect through some of its chief high-priests. But that a homeopath should find the same need to appeal to the material forces as the old school, proves one of two things: either that he is not a homeopath, or else that his bent has never been in the direction of medicine. When the first intention of a practitioner is to find some place where he may plunge his scalpel, then it may be safely augured that he is a medical skeptic and cares not one jot nor tittle for the possibly slower means of correcting the mere bodily ailments with which the human family is from time to time infested. We quote Dr. W. W. Van Denberg in full, and call attention to the closing paragraph:

"An analysis of the papers presented during the late meeting of the New York State Medical Association at the Academy of Medicine in New York offers some interesting features in connection with one of the most representative bodies in this country. Besides the President's address there are 48 papers on the programme. The larger percentage of these are able documents, and fairly represent the present status of medicine, including surgery and therapeutics. Of these papers, the address of the president and 28 additional papers are on purely surgical topics, being over 60 per cent. of the whole. Diagnosis may be credited with 11, or about 14 per cent.; ætiology with 4, or about 8 per cent.; mixed papers, in which there may be some allusion to the use of drugs, though this is by no means certain, 3 papers, 6.25 per cent.; special therapeutics (not drugs), 1 paper; special idiosyncrasy, 1 paper; and last on the programme, on the final day of the meeting, 'Brief Comments on the Materia Medica, Pharmacy, and Therapeutics of the Year Ending July 1, 1901.'

"So it seems that therapeutics, by the use of drugs, receives a trifle over 2 per cent. of the time of this meeting, and this only at the end, after interest has subsided and most of the members have gone home.

"Was this the case in the days of our fathers? in the days of Alfred Stillé and his compeers?

"Do our associates, when making out the programme, consider that 95 per cent. of all the cases with which the practitioner has to deal are medical cases? Why then this pitiful less than 2 per cent. consideration?"

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Crataegus Oxyacantha—A Clinical Report.

The frequency with which this new remedy in heart disease has been found reported in a number of our exchanges—usually of the other schools—and read, doubtlessly, by others as well as ourself, has caused us to watch with much hopefulness the appearance of some form of proving, rendering the remedy of avail to the homeopathic profession. As we remember the story of its introduction, it was the private property founded upon discovery, of some "heart-man"—an empiric, living in Dublin—who cured "heart disease" with it in almost every form, and grew immensely wealthy. The common name of the remedy is the English hawthorne. At the death of the "doctor" his daughter in some way sold the secret—the exact terms of which are not now in our mind; but there seems to have been nothing infamous about the transaction, as we all remember the legend of the obstetrical forceps.

In reading the Hahnemannian Advocate of a recent issue we find therein a case of "heart disease" reported by Dr. Julia H. Bass of Austin, Tex. Patient a widow, aged thirty-six, small stature, so stiff and so feeble that she was half carried into the office. In addition to the usual symptoms of arthritic rheumatism she complained of a distressing roaring in her head, and of night sweats. Has been practically helpless for two months. There was pain on right side, with general aggravation from noon to bedtime. Has lost flesh; and it is apparent that any small effort exhausts her; and still there is some pain with motion. Rhus was given without sensible relief.

A month thereafter complained for the first time of dull pains from the region of the heart into axilla, at times through left shoulder and down arm; worse lying on left side; at other times cannot lie on either side. Heat causes vertigo and faintness.

Heart sounds were purring murmurs, instead of clear sounds.

Heart beat and pulse not synchronous.

Trembling carotids.

Dyspnoea distressing even when lying with head high.

Appetite wholly lost.

Patient so weak she lies for hours without changing position.

Slightest motion agg. symptoms.

Seldom speaks; irritable when spoken to and at all efforts to make her comfortable.

Wants to be let alone.

Spigelia as a remedy, and a concentrated food for nutrition, failed of effect. Presently heart failure seemed imminent.

"For no better reason than that I had heard about it as a 'heart' remedy, I exhibited *cratægus oxyacantha*^{15m} (G), one dose on tongue, leaving the usual amount of placebo. A surprising improvement in respiration was apparent within the hour; a quiet sleep followed, and the heart pains abated for five days. The dose was repeated with their return."

Good appetite now reported. No pain. Some muscular stiffness, but can use hands and lower limbs to help herself, and crawls from chair to bed.

A new dose of *cratægus oxyacantha*^{15m} (G) given for renewed symptoms. A later date says: "Is now following her trade—milliner. So stout I did not recognize her at first glance as she came into the office. Felt oppressed in chest last night and wants the heart powder."

"Is the heart lesion cured? I do not know. But of her present condition (shall I say 'of servitude,' since she has married a small farmer and is doing the domestic labor that usually falls to the lot of such), I can say by paraphrasing the utterance of a modern novelist: The prescriber is not half bad who does three-quarters of his whole duty."

Medicine stopped.

A number of well-proven remedies will fit the symptoms detailed; but if the English Hawthorne cuts the Gordian knot at one fell swoop,—i. e., restores the patient,—what more can we ask? The first and only duty of the physician is to heal the sick.

In a recent number of the (London) Homeopathic World,—copied in Hom. Recorder,—we find an excellent paper by Dr. Frederick Kopp of Greenwich, N. S. W., under the title of "*Cratægus Oxyacantha* in Heart Failure," and as light is to be welcomed coming from what source soever, we have given place to this latter article in full:

"Personal experience with the new heart remedy, *cratægus oxyacantha*, has compelled me to pronounce myself as an advocate in its favor as a most reliable cardiac tonic. I have found that there is absolutely no reaction following its administration, as there is in some of the other heart remedies, and this, it must be admitted, is a most important attribute of the drug, and one which will commend itself to the favorable attention of every physician who is not only interested in the introduction of new remedies to aid him in this fight against disease, but who has also his patients' welfare at heart. The ac-

tion of *cratægus oxyacantha* is gentle, prompt, and effective, and it has a decided toning-up influence on the whole nervous system. I cannot speak too highly of it in cases of cardiac weakness, and have made use of it in the majority of cases in preference to *digitalis purpurea* and *ferrum*. Resembling in its action that of *strophanthus*, it is far safer in its administration than that drug, and is, moreover, pleasant to the taste, which cannot be said of *strophanthus*. It also increases the appetite, improving at the same time both assimilation and nutrition. It has, furthermore, a marked influence in removing the irritability so often met with in patients suffering from cardiac trouble; it raises their spirits, causing them to appear more cheerful. The action of the new remedy is gradual, which I hold to be a great point in its favor, as I have little confidence in so-called cardiac remedies which give sudden relief. A case of cardiac weakness, consequent on senile decay, recently came under my notice. The patient, aged seventy-five, while stirring some porridge over a fire, suddenly felt a queer feeling come over him, accompanied with great oppression in the cardiac region and vertigo, and fell down on to the floor insensible. As soon as I saw the case I administered ten drops of *cratægus oxyacantha*, and gave instructions for the same dose to be repeated three times daily after meals. The drug had a most beneficial effect, and gradually strengthened the heart-beat, which before had been slow, almost imperceptible, and intermittent. Although over six months have now elapsed none of the symptoms mentioned above returned, and the patient feels an improvement in every way. The administration of the drug was continued for over a month without causing any after-effects, although thirty minims of the mother tincture were given daily, divided into three doses. I have, however, found that to obtain the best effect of this new heart remedy it is essential that it should be administered in the mother tincture and in comparatively large doses. The same beneficial result cannot be obtained by small doses of the various dilutions. Such, at least, has not alone been my experience, but also that of a number of homeopathic physicians in the United States of America, where the drug has gained a great reputation in the treatment of heart affections. In addition to the above quoted case several other instances of cardiac weakness have come under my personal notice in which the new remedy was a complete success. I must say this for *cratægus oxyacantha*, that it is a remedy which I should always like to have on hand, and one which I could ill afford to do without.

Cratægus oxyacantha should not be lost sight of in those cases of typhoid fever in which there is a sudden collapse. In a case brought under my notice the action of the new remedy was very prompt. The patient was a little girl, twelve years of age, who in the third week of

the fever suffered a sudden collapse. Cactus grandiflorus, strychnia, and digitalis purpurea were administered without effect, and she was then given five-drop doses of cratægus oxyacantha every two hours. The result was that she rallied at once, and eventually made a good recovery. The indications, which called for the administration of the drug were: Cold extremities, great pallor, irregular breathing, and the pulse 120, and very weak and irregular. Before the cratægus was given the condition described above had existed for two days, and only temporary relief had been obtained from the administration of strychnia and the other heart tonics. Prompt and decided relief, however, was obtained from cratægus oxyacantha, and a permanent cure was established.

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Mastitis and Phytolacca.

In an excellent clinical paper contributed to the Chironian Dr. Walter Sands Mills speaks of the care of the breasts in the event of the loss of the child.

The best way, he says, to stop the milk, and thus prevent mastitis, is to put pressure over the glands. "This may be done by any form of bandage or by the use of adhesive plaster. . . Strips of adhesive plaster have been applied completely covering both breasts and the chest excepting the nipples. As secretion becomes more active the breasts swell, making the pressure greater, and thus stopping the secretion by that greater pressure. . . Should the breasts become very full, gentle massage from the periphery of the nipple will be performed and phytolacca will be given internally. I use five drops of from the 1st to the 3d dilution in half a glass of water, two teaspoonfuls every half to two hours according to the urgency of the case.

"I may say, in passing, that you will find phytolacca to be far and away our most useful remedy in inflammation of the breasts, whether or not the inflammation goes on to suppuration. I reported a case that had gone on to suppuration in a filthy and drunken woman one week after confinement, that cleared up in a few hours."

"When this [second] patient entered this hospital her breasts were large and full. They were so full that they were extremely painful. She could hardly bear the bed clothes on them. As you all know, the milk appears in the breasts about the third day. Most women at that time need some sort of a breast binder to support the heavy and tender glands. Evidently nothing has been done for this patient's breasts. If neglected when in this condition, caking, followed by formation of abscess, is liable to occur."

"The patient before you was immediately placed on phytolacca as an internal remedy. Gentle massage and emptying of the milk ducts

was performed every two hours. This was followed by external applications of cloths, saturated with a solution of one dram of fluid extract of phytolacca to the pint of water, kept constantly wet. To-day, although the breasts are hard, they are nothing like as tender. The mother can nurse her child, and the child takes the breasts readily."

In a third case described by the author of this interesting clinical paper, the patient is "a girl baby born elsewhere. The mother and child were brought here when the baby was a week old. The mother is in the surgical ward. This baby came in with both breasts enormously swollen and secreting a milk-like fluid. They were apparently sensitive to touch, tender, and the child had some rise of temperature. The treatment in this case was in all respects the same as swollen, tender breasts in a woman would call for. Gentle massage, and phytolacca internally and externally. This condition of the breasts in the newborn may occur in both sexes. Lusk says the condition is common. I have seen a number of cases, but none where treatment was required for so long a time as in this patient. This child has been here about twelve days."

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A "Mongrel."

A letter shown us a few days ago revives a word as formerly applied to homeopaths which we had hoped never again to hear. It was from a physician who referred to the great mass of the homeopathic profession as "mongrels," because, forsooth, he is a high-potency practitioner, and "one of the few that follow Hahnemann to the letter."

There was a time (we say it in proper sack-cloth and ashes) when we felt very much as this recent-graduate feels concerning the other eleven jurors; but a closer touch of elbows with the practical men and women in the ranks has modified our opinion to so great a degree, that we now no longer dread the contaminating contact of the former "mongrels," and do not deem it necessary to carry a mad-stone in our hip pocket, or a railway ticket to the nearest Pasteur Institute.

It has been our experience, as it has been of the vast majority of practitioners,—and as it may be some day of this critic,—that the theories taught in some of the solar-walk-and-upper-air-homeopathy schools are usually theories, and taught by those who never did and never could earn a decent living at the practice; that, in the main, it is a diaphonous theory which they expound and pound to the uttermost death; and then depend, these theoretic-teachers, for their livelihood upon extraneous means—the keeping of boarders or furnished rooms by the wife, the keeping of private homeopathic schools, teaching at so much per in accredited schools, or unit-

ing some entirely different profession or vocation with that which is announced to the waiting, listening world from the strap-iron shingle on the corner of the house.

There has been much to disturb the equanimity of the close-observing homeopath in the treatment of the graduates of the immediate past, in the matter of homeopathy: but that anyone thereof, or the old stand-bys in the profession who have kept the profession in the front, are to be designated as "mongrels" does not lie in the mouth of anyone, much less a member of the homeopathic profession.

If the later interpretation of Hahnemannism could have been made universal and obligatory at a certain epoch, there would not to-day be enough of homeopaths remaining to meet and resolve how good and excellent they are. This is no reflection upon high potency. We still use that much discussed and derided arm of homeopathic medicine. But we have also learned that in the ordinary everyday world in which we have to collect a hundred cents before we have a dollar to put into our Saturday night savings bank,—we have learned that one powder of the infinitesimals with a hat full of blanks will not—usually—appeal to that world; and some other "fellow" will inhabit our bishopric in one time and two motions.

Medicine as a study, as a theory, is as delightful as that of the law. Medicine in the actual, again like that of the law, means good common hard sense. An honest criticism of the measures adopted by others than ourselves in any profession is productive of progress and change. But a vicious, discourteous appellation—and of all dirty things, a "mongrel!"—fails in every way of changing an error or winning a single convert.

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Don't Tell Patient What Medicine is Prescribed.

Dr. A. P. Bowie in Pa. Trans. says:

Dr. Dietz mentioned something which I learned long ago—never to give the name of a remedy to a patient. I had a sad experience in that line once. When I was a student of medicine a friend of mine wanted me, before I commenced practice, to treat him after I got to be a doctor. I took his case, read up the symptoms from Lippe's "Materia Medica," and while I was waiting on some other patients he looked over Lippe's "Materia Medica" also. I selected a remedy according to that "Materia Medica"; it was *natrum muriaticum*. It was a very dangerous drug. I gave it to the patient in the 30th potency. In a few days he came back and had some other symptoms. I took out my "Materia Medica." "Well," I said, "these symptoms are contained in that drug, so just go on with that remedy." The symptoms he complained of were sleeplessness, bad dreams, and so on. The fellow finally got worse. He could not

sleep, and he came into my office one day and he said he would study a little *materia medica*; so he takes this book of mine and he reads over *natrum muriaticum*, and he had all the symptoms he read. He tears out the page that had the sleep symptoms on, sticks that in his pocket, and goes away. Afterward he became a hypochondriac and monomaniac on the subject, and he told it all around that I had taken away his sleep by this powerful medicine, and the result was that it had a bad effect on him. But ever since then I never told a patient what remedy I gave, because it did him no good, but did him harm, and, at the same time, the remedy was just as innocent as it could be. Let us study our *materia medica*, and that is the way it will come, not as a lost art, but a living reality.—Hom. Recorder.

Our own preceptor, the late Dr. B. H. Wilcox of St. Louis, had an experience in this same relation which was communicated to us at a time when it made a deep and lasting impression. He had discovered that a certain form of arsenicum was curative in an epidemic of children's bowel troubles, while other doctors of the old school and his own were losing the children. One day upon being sincerely congratulated upon his eminent ability and success, and importuned for the name of the one medicine (which he carried in one little bottle in his vest pocket), he said in a playful manner that it was a form of arsenic. That was the end of his visiting in that block of houses! A man who would consciously prescribe arsenic to children—a poison which was the chief ingredient of *Rough on Rats*—was too callous to be trusted with human life.

—Max Nassauer asserts that an incipient cold in the head, with all its unpleasant sequelæ, can be checked every time, in the first hour or so, if the nose is thoroughly rinsed out with a weak solution of potassium permanganate, which seems to have a specific action upon the germs causing the trouble.—Med. Times.

—This editor had a Sampson-Schley episode recently. At the beginning of a certain pregnancy he was engaged for the ultimate issue. As is his wont, he ministered to the needs of the patient during all these months. A week before the date set she was suddenly taken with labor pains, and in the absence of this writer was confined by a brother physician, who was walking out of the house when we arrived. Who, then, confined that woman? But we two settled the matter by adjusting the fee to the satisfaction of both. Under the peculiar ruling of the Court of Claims we, having planned the campaign and arranged for the coming of the stranger-baby, were entitled to the whole fee, though, at the moment of engagement, the other doctor was there and attended to the confinement.

Obituary.

John A. Gann.

Dr. John A. Gann of Wooster, Ohio, who departed this life on November 26, was born in Waterford, N. Y., in 1848. He was a graduate of the Ohio Wesleyan University in 1871, and was then installed as Superintendent of Schools at Shelby, Ohio, after which his heart turned to medicine, taking the prescribed courses at the old Homeopathic Hospital College of Cleveland and graduating with the class of 1877. He practiced a few months in Berea, Ohio, but soon found a more congenial field in Wooster, Ohio, where, in an almost incredible time, he sprang into fame and a good practice. He died as the result of a cerebral hemorrhage—an apoplectic attack, which happened to him about six months ago.

Dr. Gann was a marked figure in all his environments. Of a highly nervous organization he yet combined an apparently rugged physical nature with a bright and clear intellect, conjoined to a moral sense which was one of his leading characteristics. He was, during the period of the trouble with the Cleveland colleges, appealed to from both sides to give his allegiance; for a time he hesitated to cast his lot with either the old or the new. His purity of heart and motives was known and respected. He figured as peacemaker and made many unsuccessful efforts to re-establish the friendly relations formerly existing between the half-dozen men who have not even yet been able to bury a purely personal feeling, and who would not have scrupled to wreck homeopathy itself, had that been possible, rather than forgive and forget the error of earlier years of professional intimacy. Ultimately Dr. Gann did accept a nominal professorship in the new college, though in a rather subsidiary relationship—the teaching of physiology—and so continued to give his moral support through a perfunctory course or two of lectures. During this time and later, the editor of the *American Physician* was in almost constant communion with him touching the amalgamation of the two schools, and many a seemingly feasible plan was evolved, but as invariably failed of effectiveness or adoption when submitted to some of the interested parties. In some of his most recent letters to us, and some to others (which we have seen), he traverses and with much regret the condition of homeopathy in Cleveland and elsewhere in Ohio, and praying for a speedy renaissance.

Our first knowledge of Dr. Gann, personally and in direct contact, was the year he was President of the Ohio State Homeopathic Medical Society and we were Secretary; when the annual meeting was held on Prospect Street, in the old college building in Cleveland, with its barn-

like lecture room and cellar hole in one corner leading abruptly to the rooms below. He made a model officer, and his appointments were of an unusually high order of merit.

He was a good homeopath and deprecated with us the awful tide of cutting which about that time was threatening to deluge the profession and its colleges. He sent many students to the college, each whereof, when applying to the college, was found to be above the average of applicants of those earlier and easily matriculating times; and these having been graduated, the majority will be found to have taken their places in honorable relationship in the profession.

Dr. Gann held himself rigorously aloof from the politics of the profession. He was one of that fast-disappearing band of honest men in medicine who wanted medicine to remain medicine, and not become divided into little cabals of politics, voting this man in and that man out of a college or society chair at the behest of some interested leader. He cast his vote always upon the absolute merits of the case. No man, we believe and assert, can find an instance where Dr. Gann ever gave way to pressure from the outside. His own clear conscience directed him. And if he made mistakes—as he had latterly admitted to us—it was but to say that he was born of woman and possessed of some of the failings of poor human nature. But he was exceptionally free of the general weaknesses of his confrères. In his professional, as in his social and religious, work he was beloved of all. Even those who differed with him admired and respected his differences, and gave him credit for unexampled honesty. If he had enemies they were not of his seeking, but grew out of his almost ascetic construction of the highest knightly honor due his profession and associates.

And so the grim Reaper gathereth his harvest. This was one of the good men of the homeopathic profession. He should have lived to a green old age. He was the last man who could have been spared to our homeopathic field in Ohio. Both parties looked to him as a mediator, and a possible element in ultimately bringing the dissevered profession together again. But in the wisdom of the Infinite this clean, courageous soul was called from labor to refreshment—and his place shall know him again no more forever.

May the good deeds of this life stand luminous in that other Life, and in far outweigh the errors of earthly judgment.

He was a good man, a firm and steadfast friend, a brother to his neighbor, a lover of human kind, sympathetic, patient, upright, tender, and forgiving.

—At a meeting of the Paris Therapeutical Society, one physician claimed to have cured many cases of sciatica by spreading a thick paste of flour of sulphur on a cloth, and wrapping about the thigh.

Correspondence.

Editor American Physician:

Did you ever have a vain, inglorious longing for the unattainable; suffer the pangs of unrequited love; the deep, long, poignant grief of being misunderstood, or weary of a hard season's work? No? Well, you are lucky, but when you do, you want to go down to the sea in a ship; take a slow ship, and a little sloe gin, in a cocktail, and avoid those loathsome diseases, *sic semper, mal de mer*.

We left New York July 3, 1901, on the "Trojan Prince" of the Prince Line, for the Azores Islands and Naples. The trip was quiet and as uneventful as life, not a seasick minute in the sixteen days; at table for every meal, prepared by Italian hands directed by English officers.

The ninth day out we had the afternoon at the Azores Islands. All that remains of the storied Atlantis, beautiful beyond description, welcome as an oasis in the desert, tropical without excessive heat, older than history, more interesting than the last novel, primitive as Plymouth Rock in 1619. The third day after we had a magnificent view of Gibraltar and the African coast, and, for the next four days, the Mediterranean with its magnificent blue, clearest skies, beautiful islands, and sailing craft of all sizes, kinds, and previous condition of servitude. The sixteenth day we landed at Naples—delightful, picturesque, beautiful; the flags of many nations, and songs in many keys, float on the air. Natives come out to us in bumboats with fruit and flowers, rowboats with troubadours, steam launches looking for friends, gigs with officers of health, customs, and inspection. We say a fond farewell to the Captain, officers, and our friends, good, bad, and indifferent, and make a grand rush for the shore. Smoke all your cigars before you go ashore, and save time and the customs officers.

We found Naples fine, fairly cleanly, decently clear. It has the finest aquarium in the world, a museum unsurpassed, full of the relics of Pompeii and the surrounding country—and beer at thirty cents a glass. Don't drink water; it's awkward. There are no toilet rooms in the cars, and the stations are farther apart than you think. Drink wine; it's cheaper. From Naples we go to Castellamare by rail, and drive over the magnificent old Roman road to Sorrento, an interesting old town 150 feet above the Bay of Naples, with a magnificent view of Naples, Vesuvius, and the sea. From here by steamer to Capri and the Blue Grotto—the bluest and most beautiful blue imaginable. We were fortunate with wind and tide and so went inside. With adverse tide, entrance is impossible. From Capri, we sail in an open boat to Amalfi—a glorious trip of about five hours along the shore; the cliffs rise in many places fifteen hundred feet, verdure-clad, with

vines, olives, oranges, and lemons in profusion, with the white houses and towns perched on the walls, or stuck like barn-swallows' nests against the cliffs. You ought to have been there! From Amalfi we drive to Sorrento over the new cliff road, a trip in itself worth the journey to Europe. The road follows the coast line hundreds of feet above the sea, over deep ravines, on solid masonry viaducts, solid as the cliffs which tower hundreds of feet above you, yet one unconsciously shrinks to the inner side of the carriage. The trip over this road by night—the sea far below, the mountains high above you, the moon casting high lights and deep shadows over all—is a drive to be long remembered. You are rolling along with a three-horse hitch over a hilly road, but smooth as asphalt, when you come to a lantern, and stop. There are brigands in this land, but it is only a sentry, who is on the border of every county, and if you do not speak up promptly and declare your stuff, may poke the point of his bayonet through your bags or baggage, looking for live chickens or other contraband goods.

We drive again from Sorrento to Pompeii—a drive never to tire of—nearly all of the way the same as from Castellamare to Sorrento. Pompeii is a most interesting spot, now as well as historically. It bears many of the marks of its former beauty as well as evidence of the "hot stuff" that put it off the map so many generations ago. The roofless walls still stand with mural decorations, in many places clear and distinct, the tessellated pavement in many colors and beautiful designs; sculpture and carving on every hand.

There were no electric bells in those days, and none were needed. When Cæsar's chariot rolled down the street it could be heard for seven blocks, and when it stopped the silence was oppressive, and Mrs. Cæsar knew that the goat and the camel had lain down together. The streets are only wide enough for one carriage, and rutted in many places six inches deep. About three hours' drive brings us well up Vesuvius, whose smoke can be seen from all the surrounding country and whose foot is covered with villas, villages, and fruit farms, above which the mountain is black, burning hot, and dusty.

A cable-road takes you from the carriage road up nearly a mile, then you climb for one hundred rods or more in the ashes and hot lava, much of the way on hand and foot—for what? To see a funnel one hundred yards across, so full of smoke you cannot see its depth, and to get your lungs full of sulphur fumes. Burn a brimstone match under your nose, stay away; credit yourself with five dollars and a half day's time.

From the top of Vesuvius down to Naples is about two hours and a half drive. The drive up and down is hot and very thirsty. "Tears of Christ," the red and white wine of the country, is to be had all the way up. Unlike American whisky, it is all bad, but some of it is worse than others.

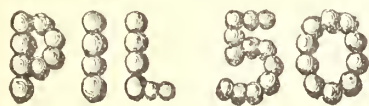
From Naples to Rome is about eight or nine hours. The night train will do; daylight comes soon enough to see much of the landscape and sections of the old Roman aqueduct. Rome still sits on her seven hills, ancient and modern shaking hands with each other. In seeing Rome, an English-speaking driver will save a lot of money and time taking you to the famous places, the art galleries, out over the Appian Way, where he will show you the Catacombs and the grave of Horace, and stop with you to lunch at the famous old palaces of Constantine, from which you can look out over the surrounding country and the famous ruins of the Baths of Caracalla.

The wealth of the country is in its cathedrals and altars, all works of art of fabulous value. Their treasures contain rich jewels, many stones being worth a missionary's ransom.

Go to Rome at your earliest possible convenience. If you cannot go this year, you have the consolation of knowing that Rome has waited and probably will continue to wait.

L. A. MARTIN, M. D.

Binghamton, N. Y., December 24, 1901.



To Cure the Tobacco Habit.

"The *liriodendron tulipifera* [says the Eclectic Med. Jour., copied in *The Critique*], also known under the name of poplar—white poplar, and white wood—is probably the largest of the lumber-producing trees native to this country, excepting of course the giants of California. The inner bark has been used to a considerable extent, in years gone by, as a domestic remedy for malarial conditions, or infused in whisky as a tonic or bitters. This bark also constitutes a very efficient cure for the tobacco habit. The fresh inner bark may be chewed, or the powdered bark may be mixed with sugar and extract of licorice and pressed into a tablet, say of five grains of the bark. These tablets are to be allowed to dissolve in the mouth whenever the desire comes to take a chew or a smoke. The man who made the discovery cured himself, and he was the most inveterate chewer I ever saw. He also gave it to dozens of his friends with fine results, finally selling his receipt to a large drug house for fifteen hundred dollars. While the remedy is cheap, it is also harmless, and at the same time a fine stomachic, resembling gentian in its action upon the gastric organs."

[If true, this is wonderfully easy of application, and may not cost a great deal.

We once had a man of sixty-five, sick of his

"plug." But he refused to continue the medicine—*plantago major*—because, he said, it was the only comfort left to him in his age: "I don't keer nuthin' for sassiety; I aint no good with the womenfolks; I'm too old for the girls; I can't eat but half the vittels set before me; I don't sleep good and my rheumatiz keeps me busy most of the time; and I aint goin' to make a ding-dong fool of myself by takin' away the only comfort I've got left."]

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Current Literature.

"Theory, Practice, and Demonstration" is the unique and original title given to a collection of testimonials, agreeably interspersed with valuable reading, notably the defense of Morton's Discovery of Ether, testifying to the value of Hayden's Viburnum Compound. On looking through this little book with its hundreds and hundreds of willing testimonials, we find a number of famous homeopaths included. From which we are led to conclude that our own personal success with this famous Compound in our vicious cases of painful and otherwise irregular menstruation, is not singular, or the results merely happy accidents, but is one of a long chain of other and well-authenticated successes. It was to be expected that the members of the other schools would speak in eulogy of this Viburnum Compound of Dr. Hayden's; but it was really a surprise to us to find so many of our own men and women enthusiastic users and recommenders thereof. It goes but to prove that an excellent article, no matter whence it emanates, does not need nor will it be restricted to any limited circle of professional men and women. Dr. Hayden's Compound is worthy of all the encomiums found in its many thousand testimonials. It is a meritorious pharmaceutical product, the discovery of a practical professional man, first tried and applied in his own practice, and, later, given to the profession, and in a way accessible to all. One of its many recommendations, to homeopaths in especial, is its safe and pleasant substitution for ergot in postpartum dangers—that dread of the accoucheur.

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—The "International Homeopathic Directory," printed and published in London annually, is ready to receive a dollar each from American homeopaths for adding their names to the list. There is no doubt about the value of this advertisement. The copy of the Directory which is sent to each subscriber is especially valuable to Americans who may have patients visiting European points, in the event of illness.

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—We have received from Otis Clapp & Son of Boston the second edition of the "Homeo-

pathic Pharmacopeia of the United States," as revised by the Committee on Pharmacopeia of the American Institute of Homeopathy. This work has been before the profession long enough to have made its impress upon them. The purpose of this work is, of course, towards the unification of the pharmacy of the school; so that the purchase of a homeopathic remedy from any of our homeopathic pharmacies may be guaranteed by its similarity with all other pharmacies. It will take considerable time before the commercially interested pharmacies will adopt this work in extenso, and for reasons that are patent enough. But in the end some such work must be adopted in the interest of uniformity of medication.

—We learn that some of our journalistic brethren have refused to receive the Clarke "Dictionary of Materia Medica" which was sent to them for review notice by the London publishing house; this refusal was because of the customs attached to the book when it passed through the New York customs office. However, the book is well worth the customs charges, and those of our journalistic craft who declined to pay the little sum have made a mistake and ought promptly to recall their refusal. The London people were not aware that the customs had been changed in relation to the sending of books to editors for review, else they, at the other end, would have cheerfully paid the additional cost.

—The February Century contains two articles, with illustrations, on the new scheme for beautifying the City of Washington; and another important feature in the same issue is "A Visit to Mount Vernon a Century Ago," containing conversations with General Washington. In one of these talks the matter of the new buildings for the government departments in the "Federal City" was brought up—the expense of the buildings was estimated at ninety-six thousand dollars, and it was suggested that it would be difficult to get houses enough to lodge all the members. "Very well," said General Washington jokingly: "they have only to camp out; the Representatives will be placed in the first row, the Senate in the second, and the President with his suite in the middle."

—I received Jousset's "Practice of Medicine" last week. It is an excellent work. I found information on one subject alone that is worth the price of the book.—M. B. Geberich, M. D., Lebanon, Pa.

Detroit Details.

An era of gloom has been cast over college circles here by the death of Dr. R. M. Ganow of Wyandotte, Mich., a suburb of Detroit, a mem-

ber of the Cleveland class of 1901, and lecturer on materia medica in the Detroit Homeopathic College. He died at Grace Hospital, Saturday evening, December 28, after an illness of about two weeks, from malarial fever. He was up and attending to his work for almost a week with a temperature of 103 and 104, before giving up and going to the hospital. He was making a good recovery and his temperature was about normal when a sudden heart failure resulted in death. Dr. Ganow had had heart trouble for several years. His brother, Dr. George Ganow of Oxford, N. Y., and his mother were present when the summons came. The remains were taken to his parents' home at Sanitaria springs, N. Y., for burial. Dr. Ganow was loved by all the students and faculty here and will be sadly missed, he having taken his junior year at this college.

Professor McLaren will lecture to the entire student body and their friends on "Pneumonia," on Tuesday evening, January 21, after which refreshments will be served in the college banquet room.

Professor Graham, having finished his course of lectures on Mental and Nervous Diseases, will leave this month for California, where he and Mrs. Graham will spend the balance of the winter. The professor closed his series of lectures with two on "Suggestive Therapeutics," which were greatly enjoyed by the Seniors and Juniors.

Mr. N. H. Hilty, '04, took unto himself a Christmas gift by being married on Christmas Day to Miss Eva Schumacher of Bluffton, Ohio. They are now keeping house in the city.

H. O. McMahon, '02, received the fall appointment as interne at Grace Hospital. A Cleveland man got the spring appointment.

Society Meeting.

NORTHWESTERN OHIO SOCIETY MEETING.

—Dr. J. C. Wood, the President of the American Institute of Homeopathy, was the guest of honor at the recent meeting of the Northwestern Ohio Society at Toledo, where he gave an address on the "Five Epochs in Medicine." All reports reaching us are most complimentary to the distinguished surgeon, and we trust ere long to be permitted to read this paper in print. Dr. Charles Gatchell was also a guest of the Toledo meeting and spoke on the best means of widening the influence of homeopathy.

Dr. H. F. Biggar of Cleveland spoke at the

banquet, inviting the members to the Cleveland meeting.

Those present were: Drs. C. B. Kinyon, Dean M. Smith, and W. A. Dewey, Ann Arbor; J. C. Wood, J. R. Horner, and H. F. Biggar, Cleveland; F. W. Knight, Portage; C. H. Spencer, Bowling Green; L. M. Bunnell, Scranton, Pa.; L. Gillard, Sandusky; Dr. Damon, Rossford; J. H. Johnson, Wauseon; Dr. Chapman, Defiance; J. W. Crismore, Helena; C. S. Sawyer, Marion; M. P. Hunt, and W. B. Carpenter, Columbus; Mabel Dixey, Freemont; Dr. Barnhill, Findlay; Dr. Bowman, Upper Sandusky; Dr. Rhonehouse, Maumee; Misses Jessie Dowd and Matilda Campbell, Mrs. L. K. Maxwell, Mrs. Claypool, Mrs. (Dr.) Humphrey, Mrs. (Dr.) Goodwin, Mr. and Mrs. Geo. Webber, Mr. and Mrs. Crumnaugh, Mr. and Mrs. H. P. Crouse, Mrs. (Dr.) Kinyon, and the following doctors from Toledo: C. E. Stafford, F. A. Stafford, C. H. Strong, C. A. Roll, L. C. Maxwell, J. H. McVay, H. M. Flower, E. M. Goodwin, Dr. Watts, Dr. Walker, Dr. Simmons, M. H. Parmelee, A. T. Barnum, O. C. Rees, Emma B. Hays, Dr. Dawley, W. A. Humphrey, Sarah Davies, Emma Butman, Dr. Shepherd, Dr. Buckman, Dr. Kirch, Mary Munson, and F. A. Crawford.

Dr. McVay, president, in calling the meeting to order, said:

"As homeopaths, better organization is needful, for our existence; it is absolutely essential for our deserved growth. As physicians, we need organization to protect ourselves against such parasites and barnacles as Christian Science and osteopathy which sap our vitality and impede our progress.

"Surely all will grant the organization is needful. Our sole excuse for separate organization is our principle of prescribing. The question arises, do we devote enough time and energy to our materia medica? Is our school growing at the rate it has done in years past, and as it should do? If so, what are the causes?

"I am not a pessimist, but I honestly believe that the question put must be answered in the negative. The causes of course are manifold.

"In the first place, the greatest reason why more time is not spent on materia medica is because during the past twenty-five or thirty years, the medical profession has been intoxicated with the developments of science looking to the cause of disease. Practically the whole knowledge of surgery, pathology, bacteriology, and biology has been evolved within that time. Most of the thought and work of men has been directed along these lines, with little or nothing at the curative end. The revelations of science have fairly taken away the breath of all humanity, and not the medical profession alone.

"The cause of disease, pathological structure, biological development, physiological processes, and chemical affinities are now fairly well established. It is time we settle back and down to more materia medica."

Globules.

—Dr. James Krauss has removed his offices to Warren Chambers, 419 Boylston Street, Boston. Genito-Urinary Surgery and Venereal Diseases and Diagnostic and Operative Cystoscopy.

—Dr. Frances McMillan, formerly of Nashville, Tenn., has removed to Ortega, No 5, Mexico City. We commend the doctor to our United States friends who may be visiting this city, and to those already residing in Mexico.

—The Homeopathic Recorder, for two of its recent past issues, gives the faculty of one of its advertising colleges, without a Professor of Obstetrics, and in the next issue it leaves off about two-thirds of the faculty. Wake up, Brer. Anshutz!

—We have received notice of the marriage of Mr. Hugh H. Hanna, Jr., to Agnes McCulloch, daughter of our good friends Dr. and Mrs. O. S. Runnels, which occurred on the last day of the year at Indianapolis. We join most heartily in all the good wishes and congratulations.

—The Antikamnia Chemical Company has sent us a pretty little painting, or copy of one, secured by the indefatigable Frank A. Ruf, President and Treasurer, which shows a little Chinese girl with her first picture book. It is a charming design and beautifully executed. Perhaps, if you are good, Brer. Ruf will send you one on application.

—Dr. C. E. Fisher of Chicago has fallen into the foreign custom of sending friends and patients on New Year's Day a handsomely engraved card bearing the best compliments of the season. Some of the foreign envelopes carry an additional card in color design, typical of the season. Dr. Fisher is still in Chicago and ready for a battle with disease and death.

—The inmates of Talcott's "hotel" at Middletown, N. Y., had the usual good time on Christmas Day with a dinner and post-prandial exercises, in which all joined. Talcott and his numerous and competent aids have a happy fashion of remembering the various holidays and preparing a scene of mirth and good cheer for their unhappy guests.

—Dr. Howard Crutcher, of whom we have for several years past lost sight, author of an excellent work on appendicitis, has been appointed consulting surgeon of the Chicago and Alton Railway Company, beginning with the 1st of January. Offices, as before, in the Columbus Memorial Building. We congratulate the Doctor as well as the railway company.

—The Cleveland Homeopathic Medical Society, at its December meeting, elected Dr. W. T. Miller, president, and Dr. Pauline H. Barton as secretary, with other officers and Censors. Among the members elected was Dr. H. F. Biggar. At the meeting preceding, in November,

Dr. Somers presented a paper on "Colocynth," which was well prepared and equally well received. A male clinic with exophthalmic goiter was presented to the Society, and his case discussed with great freedom and benefit. Dr. Kraft read a paper entitled "Three Remedies Infrequently Used," which elicited some discussion.

—The Incoming Executive Committee have arrived and are now the Executive Committee in possession. Every effort is making, so far as we can learn, to prepare the City of Cleveland for the reception of the American Institute host to assemble here in June.

—A Chicago exchange says that in September most of the nurses in the homeopathic hospital in Ann Arbor went on a strike. The grievance was an attempt to reduce their personal charms to the homeopathic attenuation, by prohibiting curls, bangs, goo-goo eyes, ribbons, etc.

—The presidential remarks of Dr. McVay at the Toledo meeting of the Northwestern Homeopathic Medical Society recently held are worthy of wide circulation. The doctor points out a number of weak places in the teaching and practice of homeopathy, as it is found in the schools and in actual practice. When it is published in full, we commend its careful reading and study to our readers.

—At the Toledo meeting of the Northwestern Homeopathic Society Dr. W. A. Dewey of the U. of M. read an excellent paper on "Practical Pointers in Potency." The paper of Dr. C. E. Sawyer of Marion, Ohio, on "Myomectomy," which was a fine essay, was discussed by Dr. H. F. Biggar. "Septic Wounds and Sinuses" was the contribution of Dr. Dean T. Smith, Professor of Surgery of the Ann Arbor Homeopathic School.

—We learn with sorrow of the death of Dr. Francis Edmund Boericke of Philadelphia, who died the second week in December, at the ripe age of seventy-five. He was born in Saxony in 1826, and came to this country in 1848, to Philadelphia, where he became bookkeeper. Following this, he engaged in the music business. In 1853 he was induced by Constantine Hering to turn his thoughts to homeopathic medicine. Having married Miss Tafel he later engaged in partnership with Mr. Tafel, his brother-in-law, forming the well-known firm of Boericke & Tafel. Dr. Boericke was graduated from Hahnemann College in 1863, where he later delivered lectures on pharmacy. Dr. Boericke is survived by a widow and nine children.

—Dr. Givens' Sanitarium (Stamford Hall), at Stamford, Conn., is devoted to the special care and treatment of Mild Mental Diseases, Neuroses, General Invalidism, and has a separate department for patients addicted to the use of drugs and stimulants.

It is open all the year, is arranged on the cot-

tage plan, and located on a hill overlooking the city of Stamford and Long Island Sound.

Comfortable, homelike surroundings, combined with the individual treatment each patient requires.

The Sanitarium is fifty minutes from New York—on the N. Y., N. H., & H. R. R.

—Dr. James E. Ward of San Francisco has resumed his practice, since his return from Europe, at 606 Sutter Street, The Wenbane.

—This is the time when babies are being gotten ready to be weaned, so as to have it all done with before the hot weather comes; now use Mellin's Food. Have you tried it?

—The Chicago Homeopathic Medical College presents us with a handsome Announcement for its Post-Graduate Polyclinic, which is a continuous clinical course for Practitioners of Medicine. The first paragraph says that the college has found it necessary to run an auxiliary clinic course in connection with the regular college work in order to meet the growing demands of the profession for post-graduate instruction, and by the fact that the great abundance of clinical material at their disposal is more than can be properly utilized in undergraduate instruction. In the 3 1-2 pages of Professors we find the names of many of the foremost of homeopathic teachers and writers, and there seems to be no reason for doubting their ability to do about as they say. We wish them the best of success.

—A trial at Detroit latterly of a band of drug counterfeiters discloses the fact that they had for patrons a great many of the druggists of the country, who were content to purchase phenacetin and sulfonal, and trional and other of the products of the Farbenfabriken of Elberfeld Company, at prices which they could not but know were not honest, and hence they were buying dishonest goods for the purpose of dispensing them in the place of that which was called for by the physicians' prescriptions. We recommend to our readers that in the event of the non-acting of the powdered product ordered by them, and which is advertised by the Farbenfabriken of Elberfeld Company, that they at once institute investigation of the source whence it comes, and send to the Company some of the powder for analysis. We have read and heard of many contemptible and despicable ways of swindling the poor mortal out of a few pennies; but when it comes to robbing that mortal of his very life,—for that is what substitution of remedies really means,—then we know of no word harsh enough to apply to the man who engages therein. He ought to do time for the rest of his life in some penal institution.

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The American Physician

MARCH, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



JOHN W. DOWLING, M. D.,
NEW YORK.

STEADY, INSTITUTE CHAIRMAN!

FROM letters seen, and reports reaching us, it is evident that the printing of an alleged interview with the Executive Committee, recently met in Cleveland, has set a good many good people by the ears.

In the first place, this interview ought not to have been published. The Local Committee in charge had nothing whatever to do with the article—did not, in fact, know of its existence until called up by various telephone queries, when it promptly denied the paternity.

The facts are about these: A reporter of the Cleveland [morning] Leader interviewed, at different times, some prominent Institute people, eventually secured a copy of Dewey's famous picture of the present administration,—as it appeared in the Medical Century,—copied it, minus

the lower half, and then, on the morning following the banquet given by President Wood to the Executive Committee and the Local Committee, gave it print-room with a dozen lines of matter, perhaps as badly garbled as could be well imagined.

Here is what the article stated: "The [Executive] committee decided that the programme should consist of papers from different physicians and reports from the bureaus. The bureaus comprise the department work carried on at the medical colleges of homeopathy and their hospitals. The details of the programme, such as selecting topics and assigning them, will be left to the President and Secretary of the Institute. Within the next month this will be completed and notices sent out to those who will be upon the programme."

That anyone reading this masterly garble of facts and misstatements should have been deceived, and caused to believe that it emanated from an authoritative source, is humiliating.

Anyone familiar with the Constitution and By-laws of the Institute knows that the Executive Committee has no such power as the appointment of members of bureaus and the assignment of topics. In view of the fact that this lucid statement follows the sentence explaining that the department work of the Institute is that which is "carried on at the medical colleges of homeopathy and their hospitals" should have prepared the reader for the succeeding absurd statement.

But it seems that a good many good people were bitten by the blundersome statements and have been writing troublesome letters concerning this new "usurpation" of power by the Executive Committee.

The President of the Institute, Dr. Wood, has no more power to do these various alleged things than has any member in the ranks. It is really a reflection upon ordinary common sense, to touch but lightly upon the element of integrity, to charge these ridiculous things.

President Wood has distinctly and unequivocally stated that he is President of the whole American Institute of Homeopathy, and is governed by its laws. Indeed, what else could he say? What else could anyone in his place say?

The Institute sections are legally in existence. They are regularly and properly a part of the

Institute. And until they are supplanted by some other method, must constitute the work-plan of that Institute.

Is there anything ambiguous about that?

The outgoing President made his appointments of sectional chairmen, and these appointments will be honored and supported by President Wood and his administration.

Therefore, Chairmen of the Institute Sections, resume your labors; continue in the good work, and build up the best of sections which the Institute has ever known; and you will find that President Wood is with you, heart and hand, in making your efforts a supreme and undying success!

A word or two further.

Someone is making trouble elsewhere by talking too much. But do not associate this loose-tongued chatter with anything coming from Cleveland, or the President's office.

Someone has said and written that the Cleveland meeting of the Institute would be in the hands of the independent sections, as proposed by the Runnels Resolutions.

This is false!

The Runnels Resolutions are—nothing but Resolutions, and will be nothing but Resolutions, until, in the due and regular order, they are lifted from the legislative hopper, where they now rest, and are adopted and made part of the Institute's written law.

Anything wrong or doubtful about that?

After that they will become the order of exercises—and not before.

Does this require a blue-print?

The father of those Resolutions—Dr. Runnels—believes this to be the proper order. How could he, or any other sane member of an organization acting under a Constitution and By-laws, believe otherwise? And to show his cheerful acquiescence, has accepted a place on the Institute Section in Gynecology and will work with Dr. Biggar, the chairman, in perfect sympathy and harmony.

Therefore the Runnels Resolutions will not be the form of work for the Institute Sections this year!

Finally, as to the desirability of having no quasi-independent societies meet in Cleveland.

We are of the belief, with the President and a large number of the Institute, that the interests of the specialists have not been as carefully considered as the peculiar trend of their specialized labor has entitled them to be. We recognize the unfairness which was inseparable from the limited time given these specialists. We have, further, noted the success attending the meetings of these quasi-independent sections in the past few years. And we feel that, while these specialists are not in the numerical majority in the total Institute membership, they are in the over-ruling majority of that membership which does attend the annual meetings of that body; and that their absolute severance from the main

body would be a disaster of no mean proportions.

It is a condition that must be met. And the Runnels Resolutions are designed for that purpose.

This granted, cannot these quasi-independent organizations "split the difference" for this last year (before the legal enactment can be had at this coming meeting) and merge with these sections of the Institute having allied interests?

Harmony of purpose is never attained by standing out for the extremes. A graceful yielding—remembering that it is the Institute itself which is in the balance—will save the day.

Surely this can be done.

But, at any rate, give no heed to loose-tongued chatter about what certain parties will do at Cleveland. President Wood is President of the whole American Institute of Homeopathy, and he will continue such whole-Institute President to the end of his term!

There will be no "rough-house" business at Cleveland. The profession in Cleveland is become unified, and anxious that all extraneous matters shall be eliminated and stay eliminated—and that nothing but peace and harmony and the greatest success of the beloved Institute and Homeopathy shall dominate.

Stand by President Wood and the Institute!

♦ ♦

The Old Guard.

The next annual meeting will be held in Chicago in June.

"The membership shall include homeopathic physicians who have been graduates in medicine for thirty years. The oldest member present shall preside."

The object of this organization is to guard Homeopathy and to advance the cause.

At the last meeting it was voted that each member should write out for publication: "How I became a Homeopath," and send it to the secretary. It was also decided that each member be requested to give his experience with our various remedies in the treatment of disease, according to Similia; taking Jahr's "Forty Years' Practice" and Bayes' "Applied Homeopathy" as guides. These experiences are to be published for the benefit of their less informed brethren, in such medical journals as the members may elect.

In reply to inquiries, it may be said that any earnest, reputable, homeopathic physician, anywhere above the age limit, may apply for membership.

Yours for the cause,

—, President.

W. W. Estabrook, M. D. (47), Vice President.

J. N. Gross, M. D. (50), Treasurer.

T. C. Duncan, M. D. (66), Secretary. 100 State St., Chicago.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

A Cattle-Proving of Tuberculin.

The infallibility of the tuberculin test appears to be somewhat in doubt, to judge by the following sent by a Middlesboro' correspondent.³⁴ The unfortunate effects on Mr. Pease's cattle may be a useful guide for homeopathic prescribing:

"Presiding (on October 29) at the annual meeting of the Cleveland Chamber of Agriculture, Mr. A. E. Pease, M. P., took part in a discussion on the prevention of tuberculosis among animals. He said he had had considerable experience of tuberculosis. Supposing it could not be transmitted from animals to human beings, and some scientific men were willing to accept and give force to Professor Koch's theory, farmers would still have to take measures to get rid of the disease from their stock, which means that they might have their cattle inoculated with tuberculin, and those which could not be so inoculated should be taken out of the herds of this country. He had done what many farmers would not care to do, in his efforts to get rid of the disease. His herd was as healthy as any in the country, but he put them through the tuberculin process, and found that when inoculated they all reacted to the test. The result was that they suffered in health, those that had given good supplies of milk fell off, and their condition was much deteriorated. He showed his table of reaction to an eminent authority in London, and asked him what he was to do, and he was advised to get rid of his herd and start afresh. But what guarantee had he that, if he did this, he should not have the same thing again? He was not only disconcerted, but he suffered great loss, and he did not know whether he had yet got to the end of his troubles. He certainly should not inoculate with tuberculin again."

Helonias Dioica as a Gynecologic Remedy.

Clinical evidence indicates that this remedy causes some form of general anæmia, but it also has a marked selective effect upon the kidneys and uterus. It is thought, I believe, that the mental and pelvic symptoms are dependent upon general defective nutrition, which at once differentiates it from sepia and lilium, and places it alongside of natrum mur.

The helonias patient is one who is "run down" as to the nervous system. She is tired; has a tired aching in the back, which may extend into the limbs. Often has burning pains in some portion of the back. This tired condition,

which is very suggestive of helonias, is relieved somewhat by exercise; the headache and general bad feelings are forgotten during mental exercise or while the mind is diverted.

In atonic pelvic conditions, with prolapsus, it is very valuable. Some of the symptoms indicating it, beside those already mentioned, are: "Profound melancholia, with a sensation of weight and soreness in the womb; a 'consciousness of a womb.'"

Dragging aching and weakness in sacral region, with general debility.

It is said to be the curative remedy in sub-involution when the lochial discharge continues bloody an unreasonable length of time, and there are malposition of the uterus and some of the foregoing symptoms.

A probably reliable symptom of helonias in either sex is marked burning in the kidney region, which someone has described as a sensation as though the kidneys were two bags of hot water. Until better proven I suppose most of us will use it low.

Urtica Dioica (Nettle) in Uterine Hemorrhage.

The nettle is an old remedy in folklore. French peasants use tampons soaked in nettle juice for nose-bleed, and the women drink the juice or employ it for vaginal douches in uterine hemorrhages. Quite a number of medical authorities have also recommended the nettle in various hemorrhages.

Dr. U. C. Kalabin³⁹ has tried the remedy in six cases of uterine bleeding. He gave it in the form of an infusion (about 2 dr. to 6 oz.), one tablespoonful every two hours. A very satisfactory hemostatic action followed. Experiments on dogs showed that nettle juice caused contractions of the uterus.

The forms of hemorrhages treated by the author were post-partum bleeding, menorrhagia, hemorrhage in cancer of the uterus, and hemorrhagic endometritis.

[Urtica dioica is used by eclectic practitioners for the general purposes of an astringent, both internally and externally. Lloyd believes that it has a dynamic action as in post-partum hemorrhage, suppression of milk in nursing women, retrocedent eruptions, urticaria, jaundice, dropsy, and ague.]

Calcarea Fluorica in Nasal Catarrh.

Dr. Fanning⁵ thinks that this is the best remedy that we possess for catarrhal affections of the nasal and frontal bones with fetid discharges, or for actual necrosis with foul odor of dead bone. Catarrh of the head and nose, with stuffy feeling; yellow or greenish-yellow discharge, with sickening odor, which is noticed by

the patient himself; discharge may be also in yellow, irregular-shaped lumps. Hawks small lumps from the throat; at times these lumps are very acrid.

[Boericke and Dewey say where this drug is indicated in cold in the head, there is an ineffectual desire to sneeze. There is also copious, offensive, thick greenish lumpy nasal catarrh.]

Calcareo Carbonica in Gall Stones.

L: P. Munger, M. D.²³ Mrs. P., thirty years old, mother of several children, had been suffering from gall-stone colic for six months. She was of the blond type and inclined to be fleshy, had taken a great deal of allopathic medicine without relief; attacks came on regularly every Friday and gradually disappeared by Sunday evening; pains were almost continuous and left her a complete wreck, from which she would hardly recover by the next Friday, when the programme would be repeated; she perspired freely and easily, and mentally was of the emotional type. The acute attack seemed to call for belladonna, which was given without any great relief. The stones found were of a grayish color and about the size of a large grain of wheat, floated on water, and had a rough surface. *Calcareo c. m.* was given, and the next attack was two weeks later, but about as hard as ever; the next attack was four weeks later; and a mild one, eight weeks later, ended the case. Since then she has been perfectly free from them and only needed the services of a physician during a confinement, which was two years after the case was cured. *Calcareo* was given because the patient was of the *calcareo* type, or at least I thought so; but what relation the administration of lime had to the formation of lime deposits in the gall bladder I do not know. *

Ceanothus in Leucorrhoea.

Dr. Fahustoch¹⁴ calls attention to a remedy that has been very useful in conditions often noticed in schoolgirls, the remedy in question being *ceanothus*. I refer to leucorrhœa; a sequence of a condition, with other symptoms, which had led me to give this remedy.

The patient is weak, pale, anæmic, with dragging pains in the back, pain in the region of the spleen, can scarcely wear a corset, its pressure aggravating the pain; loss of appetite, pale, flabby tongue, with a general weakness.

The leucorrhœa generally is of a light color, and the patient always complains that it makes her so weak. Headache frequently attends the above symptoms.

When you administer this remedy, give one dose of the potency selected, and let it act as

long as it will; then, if required, repeat, but use a higher potency. In the intervals give placebo.

I certainly have been greatly pleased with this treatment in a number of cases. If cases could be treated early and with the properly selected remedy, and using the high art in medicine, that is, its mode of administration, we would see a great deal less of gross pathology.

Mephitis Putoris.

The Hom.¹ Journal of Pediatrics believes this to be a much-neglected remedy. It works like magic in cases of whooping cough, where there are marked laryngeal spasm and a distinct whoop. The cough is worse at night on lying down; the child, perhaps, has been comfortable all day long, but at night there comes on a suffocating feeling. These latter symptoms can be verified so very often in treating children, and mephitis, if given in 2x dilution, will prove beneficial. Mothers should be instructed to raise their child to a sitting posture, should a paroxysm of cough set in. They should wear warm clothing, and be guarded constantly against chills. Nourishing food should be given at least every two hours throughout the day, to keep up the strength.

[The homeopathic indications for this drug in pertussis are spasmodic, hollow, or deep cough, with rawness, hoarseness, and pain through the chest; suffocative feeling when inhaling; cannot exhale; vomits all food some hours after eating; worse at night and after lying down; in the morning the cough is loose, with some expectoration.—Hering.]

Natrum Muriaticum in Dysmenorrhea.

C. G. Wilson, M. D.⁷ says *natrium muriaticum* once relieved and cured a severe case for him which had only been controlled by morphine given by an allopath, and which had many symptoms of biliary calculus. There were very severe paroxysmal pains over the gall duct, causing the patient to toss in agony for hours at a time. Vomiting frequent, but there was not a trace of jaundice. After several attacks with intervening gall-stone treatment, the patient very much worn out and despondent, the periodicity of the attacks struck him as significant. On closer questioning she said on one occasion the pains had begun and remained on the left side under the ribs, and wanted to know if it were possible she had two gall cysts and ducts. Then leaving text-book prescription aside, he took the case à la Hahnemann, found *natrum* clearly the homeopathically indicated remedy, and she found relief from the monthly discomfort forthwith. It was evidently a reflex neuralgia, but the pints of olive oil, and her industrious searches in the evacuations for calculi, were for naught.

Staphisagria.

BY M. E. DOUGLASS, M. D.

Lecturer on Physiological Materia Medica at Southern
Homeopathic Medical College, Baltimore.

Staphisagria (common name, Louse Seeds) belongs to the ranunculaceæ, and is an ornamental annual herb, with large tapering root. The stem, two to four feet high, is stout, upright, cylindrical, and slightly branched. The leaves, four to five inches in diameter, are alternate, broad, nearly smooth above, hairy on the veins beneath. The light blue flowers appear from April to August. The fruit consists of three straight, oblong, downy capsules, in each of which are about twelve seeds packed in two rows. The seeds, about one-fourth inch long, are irregularly four-sided, pyramidal, sharp-angled, little flattened, rough, testa wrinkled, pitted, blackish-brown, rather brittle, enclosing a soft, whitish, oily albumin.

The plant is a native of Italy, the Greek islands, and Asia Minor, growing in waste and shady places.

Known to the ancients in the time of Hippocrates (400 B. C.). Introduced into homeopathic practice in 1819 by Hahnemann.

The *Delphinium staphisagria* contains two alkaloidal bodies, delphinine and staphisagrine, upon which its active properties depend. Delphinine, which, according to Erdmann, constitutes about one-tenth per cent. by weight of the seeds, is an amorphous white substance, which, when its ethereal solution is evaporated, remains as a somewhat resinous mass. It has an acrid taste and a strong alkaline reaction, is little soluble in water, soluble in ten parts of cold rectified spirit (eighty per cent.), and very soluble in ether, chloroform, and benzol. Staphisagrine, which is left undissolved when the alkaline or ammoniacal precipitate of the two bases is treated with ether, is a yellow body, with a very acrid taste, insoluble in water and ether, but freely soluble in rectified spirit.

The poisonous properties of this plant, as exhibited in the effects of delphinine, have received just attention and investigation of late years. The general result of experiments upon animals, so far established, seems to be that, after certain introductory local phenomena, a general paralysis of all movements is gradually developed, the breathing becomes labored, the beating of the heart is slow and weak, and sensation is annihilated.

Death is followed by very marked rigor mortis; and dissection always discovers passive venous hyperæmia in all the cavities of the body; occasionally, also, there is local inflammation in the intestines.

The decoction of *staphisagria* has been occasionally employed as an anthelmintic, and with tolerable success. The nausea of pregnancy has also been found to be subdued by it when other

medicines were of no avail, and relief has been given in the persistent vomiting which accompanies seasickness. In cases of amenorrhœa of long standing, I have known it to be an efficient emmenagogue, even when *pulsatilla* and other remedies obtained from ranunculaceous plants have proved useless.

Delphinium has been recommended in acute rheumatism. It appears to act also as a sedative to the heart and to the muscular and nervous systems, given in doses of about one-tenth to one-eighth grain, or less, three times a day.

It is in the form of a tincture that the seeds of this plant deserve special consideration. In obstinate neuralgia, affecting the facial and superficial spinal nerves of the neck, the tincture has frequently effected a cure when all other remedies have failed. In rheumatism it has been strongly recommended, though, as far as my own personal experience goes, the results in such cases have been far from satisfactory. In periostitis, and shifting pains in the long bones, *staphisagria* is to be favorably regarded.

Like several other plants of this natural order, *staphisagria* is useful in certain affections of the eyes, and especially in ophthalmia tarsi. It checks the superabundant secretion of the conjunctiva, the Meibomian follicles, and the ciliary glands, and renders the discharge less puriform. Irritation and itching of the eyes are allayed by it, and in case of ulceration it helps to promote an excellent healing action.

Staphisagria seeds reduced to powder are valuable in scabies, fungous ulcerations, and humid sores of analogous character, and, above all, as an instrument for the destruction of pediculi in the head. To be used efficiently for this purpose, after being pulverized the material should be incorporated with ordinary hair-powder. When employed for external purposes, the alcoholic solution (1 to 10) is to be resorted to. It may be dropped into the cavity of an aching tooth; for neuralgia it may be painted upon the skin; and in rheumatism an ointment or liniment of similar strength may be employed.

The leading symptoms that may suggest the employment of *staphisagria* homeopathically are:

Very peevish; throws or pushes things away indignantly.

Itching of the margins of the eyelids.

Styes, nodosities, chalazæ on the eyelids, one after the other, sometimes ulcerating.

Burning in the urethra during and after micturition.

Seminal emissions, followed by great prostration.

Soft, moist excrescences on and behind the glans penis.

Limbs sore as if bruised, and as if there was no strength in them.

Herpes; itching in the morning; burn after scratching.

Canine hunger, even when the stomach is full of food.

*Materia Medica and Materia Medicas.**

BY J. G. MALCOLM, M. D.,

Hutchinson, Kan.

I think we may say truthfully that all which distinguishes the homeopathic school from other schools of medicine is its *materia medica*. More than one hundred years ago Samuel Hahnemann commenced the great work of proving remedies to find out their effects upon the human body, and to make a careful record of those effects or symptoms. As these symptoms became more and more numerous it became necessary to arrange them in some order, so they could be found as easily as possible. A certain scheme of headings or Rubrics was adopted and the symptoms of all remedies were entered in accordance with this scheme. The headings or Rubrics were usually the names of different regions of the human body. As the work advanced new Rubrics were added and more order established. Hull's "Jahr" (Snelling) published in 1864 had about 30 Rubrics. "The Guiding Symptoms," published from 1879 to 1891, and its Repertory, 1897, have 48 Rubrics, and still the work goes on.

There is no poetry in our *materia medica*, and the symptoms are about as trying to the memory as are the definitions in a dictionary, and as uninteresting as the first eight chapters in the book of 1 Chronicles. There are 408 remedies in "The Guiding Symptoms," and some of them have more than 2000 symptoms, occupying 73 octavo pages. Very few of us ever expect to be able to carry about with us more than a very small percentage of these symptoms, and therefore we must frequently refer to our *materia medica* for refreshment. Hence, it is exceedingly important that we should have the symptoms arranged with as much order as are the words in a dictionary. If they are not, the busy practitioner will get into a routine habit and make prescriptions that he should be ashamed of. This is why so many doctors prescribe low potencies and crude drugs, and according to pathological conditions. They have no faith in a high potency curing pathological conditions, and they soon feel themselves incompetent to prescribe according to the homeopathic *materia medica*. They, therefore, prescribe according to allopathic principles and give the medicine pretty nearly in allopathic doses. I believe there is no good reason why we should not take another step in the direction of order in the arrangement of the symptoms in each Rubric throughout the *materia medica*. Some remedies have now as high as from 100 to 150 symptoms in one rubric. There is no reason why these should not be arranged in alphabetical order, starting with the chief word in the

symptom. With this arrangement the busy doctor would look near the beginning of the article for the word Abscesses and near the end for the word Worms, and he would not have to read several pages to find the worm. Sometimes we have ten or twelve symptoms all relating to the same subject, as in *natrum mur.*, under Eyes. Here there are 11 symptoms relating to lids, and they should be all arranged in one group, starting with the word Lids, which might be in faced type. This would save a great deal of time and annoyance to the doctors, and help them to make better cures.

But the doctor should not only be able to find a symptom quickly, he should be able as readily as possible to see what all other remedies have on the same subject. If he has to get down each of 10 volumes and turn up to 408 remedies to do this he will not take the time or trouble, but if the similar symptoms of all remedies are collected in one chapter, and he can turn to them very rapidly, he may do it and make a better cure. I shall be told that our repertories are to help us in such cases, but the doctor cannot prescribe from a repertory.

A repertory is very useful in its place, but suppose the doctor finds a list of from 10 to 50 remedies all having the symptom he is looking for, and before he can decide which of all these is the one he wants he must hunt up each of these remedies scattered through 10 volumes, and then hunt up the symptom from among 150 symptoms having no order of arrangement, he will seldom do it. But if all similar symptoms were arranged in one chapter, and then if the symptoms in each Rubric were arranged alphabetically, the work would be very much simplified, and time would be saved. I have sometimes thought if we could have our *materia medica* printed on a chart large enough to have the 408 remedies arranged alphabetically from left to right across the top and the symptoms arranged alphabetically in a column on the left-hand side, so we could look up the symptom and then at a glance see what all the other remedies had on the same subject, it would be handy. But the chart would require to be too large, and the idea is impractical. It was following out this line of thought which set me to writing up the *materia medica* in 42 chapters, devoting each chapter to one Rubric, and commencing with Mind, Sensorium, Inner Head, etc. This work is called "The Regional and Comparative *Materia Medica*," 260 remedies and 919 pages. It is necessarily imperfect, but I believe it is at least a step in the right direction. It brings all similar symptoms of remedies together and enables the doctor to compare them much more quickly and more thoroughly than on the old arrangement. It may be granted that for the study of a single remedy the old arrangement has its advantages, but for the busy doctor, looking up a case, the new arrangement has many advantages. The arrangement of our *materia medica*

* Dr. Malcolm died a few days following the mailing of this manuscript to the editor.

on the repertorial plan has some advantages, but such a work cannot be used to prescribe from successfully. The symptoms of each remedy are scattered to the winds, so that the doctor cannot get any general idea of the action of any remedy. It is to our *materia medica* what the concordance is to the Bible, and cannot of itself be used in the selection of a remedy for any case.

In practices of medicine we have another method of arranging symptoms which deserves notice here. We first have the name of the disease, followed by a brief account of its leading characteristics, and this is followed by its treatment, which consists of giving a list of the leading remedies most often indicated in the treatment of the disease; following the name of each remedy is a list of symptoms supposed to indicate the use of the remedy. This is necessarily a very imperfect method of presenting our *materia medica*. The list of symptoms is usually very incomplete, and it involves an endless repetition of symptoms, as the symptoms of various diseases are similar. This is a method of getting up a large book with not much in it. After reading up 40 remedies in such a list, the doctor is usually in greater confusion than when he started. Prescribing can be done best from the *materia medica*, if it is well arranged. After presenting the *materia medica*, an alphabetical list of diseases with their leading characteristics should be given, and then the doctor should be referred to the *materia medica*.

The magnitude of our *materia medica* is becoming a serious matter. "The Guiding Symptoms" is a work of 10 volumes and contains 5708 pages. Add to this its repertory of 1232 pages, and we have a total of 6940 pages. Price, complete in cloth, \$60.00. A large number of our doctors do not feel able to own this great work. Its size also renders it somewhat inconvenient. But the author of this work deserves the highest praise for his untiring labors and patience. Neither Samuel Hahnemann nor Constantine Hering need any greater monument than this to keep them in everlasting remembrance. A very valuable part of this work is the marking of the symptoms so as to indicate the known value of each. This enables the doctor to discard, if he chooses, a very large number of symptoms of low value and to prescribe as much as possible from those of the highest value. If we had a book containing all the symptoms of the third and fourth class—the two highest marks—and very carefully arranged, it would be a very useful book in the doctor's office.

A good many homeopathic doctors use the Schuessler, or tissue remedies, almost exclusively and with very gratifying results. The uses of these 12 remedies are set forth more completely in the "Guiding Symptoms" than in any other work yet published. If the symptoms of these remedies were arranged on the regional plan as already set forth, they would make a

book of about 90,000 words, and would contain the treatment of nearly 400 diseases with a brief description of each disease. This it seems to me would be a very handy work for the doctor.

♦ ♦

*Eyes: Symptomatology.**

1. Calcarea Fluor. Parts: *b* Conjunctivitis. *b* Cornea, spots on; opacities. Vision: *b* Flickering and sparks before the eyes, mostly left. After writing some time was no longer able to see distinctly, because of a blur or mist before the eyes, with some aching in eyeballs; better when closing eyes and pressing tightly upon them.

2. Calcarea Phos. Parts: *b* Balls hurt; aching as if beaten. *b* Conjunctivitis, dentition. *b* Cornea, ulcers and spots on. *b* Keratitis after variola; left eye much inflamed; cornea hazy, particularly upper portion, and traversed by red vessels, photophobia. *b* Light, particularly candle or gas light, hurts eyes. *c* Sensation: As if something was in the eye, renewed if others talked about it. *b* Cool feeling towards, or back of, eyes. Vision: *b* Letters change into little black points, or small, round gray spots, or as if a little bird was flying from left to right. Shimmering, glittering, fiery circles, dreams of fire. Veil over eyes, eyes misty. Amaurosis and Cataract.

3. Calcarea Sulf. Ophthalmia, pus thick and yellow. Pains: Continual, dull, over right eye, evening. Parts: Cornea; smoky, pus in anterior chamber, sensation as from a foreign body, has to tie eye up, after injury from a splinter. Lids, twitching of.

4. Ferrum Phos. Ophthalmia, first stage, marked redness with great pain, and without mucus or pus, especially during dentition. Parts: *b* Conjunctivitis and photophobia. Measles. Traumatic conjunctivitis from a bad wound, after case had been badly treated; it lessened the burning redness and trickling of tears. Acute conjunctivitis without suppuration or discharge of mucus. Lids; sty on lower, of right eye. Vision: *b* On stooping cannot see; seems as if all the blood ran into the eyes. *b* Blinding headache.

5. Kali Mur. Congestion to eyes; they feel irritated, redness in evening with some pain; opaque spots on eye, leucoma. Parts: *c* Conjunctivitis and keratitis (scrofulous) with a formation of phlyctenulæ, but only superficial. *a* Conjunctivitis and keratitis, with formation of small superficial blisters; small ulcers on cornea, following a blister; feeling of sand in eye; white mucous secretion or yellowish, green pus from eyes. *b* Cornea; parenchymatous keratitis; for

* Symptoms with no mark are understood to have the least value.

Marked with *a* next.

Marked with *b* next.

Marked with *c* highest value.

three months there had been an infiltration into right cornea, which commenced at outer side and extended over whole cornea, occasional pain, moderate photophobia and redness, pupil dilated slowly and incompletely, though regularly, and contracted quickly. *b* On the lower edge of left cornea, a little blister from which a bundle of small veins runs; feeling of sand in eye; edges of eyelids scabby. *a* Lids, suppurating points on edges of; edges scabby; yellow crusts of pus on edges of. Retina; irritable and exudation. Vision: *b* While walking through the fields covered with snow, sudden severe pain in right eye, followed at once by blindness, saw nothing with right eye, all seemed smoke and mist; left eye became gradually weaker from month to month; but little of retina can be seen, there being a kind of mist over it, which seemed to spread from vitreous humor over background of eye; retina dim and misty, veins forming a dark network; in some places indistinctly defined spots, some larger than others, appearing like residue of extravasated blood; arteries scarcely visible, and seemed pale and contracted. *b* Dimness of right eye, he could not read a newspaper; cornea, iris, and pupil normal; no external redness; vitreous rather hazy, with some black shreds suspended in it, having very limited motion on rotating eye; optic nerve and blood vessels normal; inside the disk, a large, irregular, atrophic spot, involving choroid and retina, surrounded by several small ones; edges irregular and pigmented; sclerotic seen white through their centers; choroid adjacent, congested and thickened; some vessels lost in infiltrated part, to appear on other side; a dull pain occasionally, in eye and over brow, with an ill-defined feeling of contraction around eye; vision 20-100; Snelling 11 deciphered slowly. At the end of a month vision rose to 20-50 and Snelling 3 was read at five inches; a year afterwards the man could read Snelling 2.5, distant vision 20-70, but under kali mur., for a week it was again 20-50. The patient's business engagements prevented further treatment.

6. Kali Phos. Excited, staring appearance of eyes. Parts: Lids, drooping of. Vision: Weak sight from exhausted condition of optic nerve; strabismus after diphtheria.

7. Kali Sulf. Ophthalmia neonatorum. Parts: Conjunctiva, *b* catarrh of, with yellow secretion. *b* Discharge yellow, slimy or sticky, watery. Purulent or yellow mucus in eyes. Lens; *a* Cataract. *b* Lids with thin, yellow crusts.

8. Magnesia Phos. *b* Headache, vertigo, etc., from optical defects. Parts: Balls: *b* Nystagmus, strabismus, spasmodic squinting, ptosis. Lachrymal glands, increased lachrymation. *b* Lids, twitching or spasms of. *a* Pupils contracted. *b* Supraorbital nerve; pain in over right eye, worse at 11 A. M., better by external warm applications. Neuralgia. *b* Sensitive to light, photophobia. Vision: *b* Chromatopsia, spasmodic vision of sparks or rainbow colors; dip-

lopia. *a* Dullness of vision from weakness of optic nerve.

9. Natrum Mur. *b* Exophthalmic goiter, palpitation; short breath on least exertion. *a* Eyes, itch and burn like chilblains; must wipe them often and pull at lashes. *b* Eyes too large. *b* Eyes close with headache. *b* Inflammation of eyes, lachrymation in every slight wind. *b* Lachrymation: in open air; biting, in morning appearing daily at a regular time; acrid, making canthi red and sore; with eruption of small vesicles causing scalding; skin of face about eye glossy and shining; tears stream down face whenever he coughs; with obstruction of tear duct, worse after use of nitrate of silver. *c* Ophthalmia (scrofulous), after abuse of nitrate of silver. Pains: *b* Burning in eyes, with increased secretion of mucus; lids agglutinated in morning; great sensitiveness to lamplight. *b* Violent burning in eyes in evening. *b* Foreign body, pain as from in eyes. *b* Neuralgia (ciliary); pain in and above eye (especially right) coming on and going off with sun; eye congested; sore and painful when moved; can bear neither natural nor artificial light; pain from lamplight; could not hurt more if eye was pulled from socket; discouraged; wants salt. *b* Neuralgic pains in eyes, periodical with flow of tears and reddened conjunctiva. *c* Pressure in eyes on looking intently at anything. *b* Sharp pain over right eye on looking down, with throbbing headache; worse in evening. *b* Sticking in right eye. Parts: *b* Balls; divergent strabismus since childhood in a patient aged twenty; following inflammatory rheumatism; after rhus tox. eyes parallel for one day, then squint came on from fatigue; more marked in hot weather and worse in winter. *c* Brows, itching eruption in. Canthi, *b* fissure in external; first left, then right, with dragging pains, craving salt; subsequently fissure in left external canthus, with pain as if it was being torn open. *b* Glutinous substance collects in external canthus. *b* Itching in eyes and canthi. *b* Conjunctivitis with white mucous secretions and acrid lachrymation. *b* Follicular conjunctivitis; follicular formations chronic and chiefly confined to oculo-palpebral folds; also when case is complicated with some trachoma. *b* Dermoid swellings of conjunctiva. *b* Cornea, blisters on; white spots, acts especially on corpus vitreum. *b* Ulceration of cornea, after cauterizing with nitrate of silver, with dread of light, so that child lies with head buried in pillows; lids swollen, bleed on opening, much lachrymation and eruption on face and lips; sharp, piercing pain above right eye on looking down, with throbbing headache, worse in evening. *b* Keratitis pustulosa, with granular lids. *b* Scrofulous ulcers on cornea, with photophobia. *b* Iris discolored; iritis; pupil contracted; violent stitches in temples on looking into light, or when light is changed. Lachrymal duct; *b* stricture, fistula, and blennorrhea of lachrymal sac. *a* Catarrhal stenosis of lachrymal duct in a baby; eye con-

stantly watering. *b* Lids very much swollen, dark, purplish, canthi cracked; conjunctiva swollen, chemosed, protruding, small points on upper part of cornea and profuse, muco-purulent discharge. *b* Blepharitis, ulcers on cornea when there is smarting, burning; feeling of sand in eyes, mornings; acrid, excoriating tears; photophobia marked, with spasmodic closure of lids. *a* Irritability of margins of lids and their conjunctiva. *b* Catarrhal affections of margins of lids, lids red, with burning, especially in evening while reading; they secreted mucus, and were agglutinated in morning on waking, and covered with thick scabs. *b* Borders and corners of eyelids raw and ulcerated. *b* Excessively sore, red, disgusting eyelids; lids look like raw beef. *b* Inflammation of lids after measles; lids thick and red; thick discharge; worse in evening; chill at 2 A. M., followed by fever and great thirst. *b* Old cases of granular lids, with or without pannus, especially if they have been treated with caustics. *b* Lids heavy when using them. *c* Spasmodic closing of eyelids. *b* Entropion from caustic treatment of granular lids. *b* Dermoid tumor on edge of lid. *b* Sty in corner of eye; sty on right side. *c* Recti muscles, weakness of internal. Retinal images are retained too long. *b* Hyperæsthesia of retina; lachrymation and burning in morning; conjunctival injection; on looking at a bright light, great photophobia, severe sticking in temples, on reading, objects seem to swim before sight; chlorosis. Scleroticæ, *c* redness of, with lachrymation. *c* Redness and inflammation of white of eye, with a feeling as if balls were too large and compressed. Sensation: *c* As if sand was in eyes, in morning. *b* Sensitiveness of eyes; after using they smart, itch, and burn. Vision: *c* Fiery, zigzag appearance around all objects; black spots and streaks of light; sudden darkness, everything turns black. *b* Vision double, or sees only one-half (perpendicular) of an object. *b* Unsteadiness of vision; objects become confused. *b* Dim sight, as if looking through gauze or feathers; objects seem covered with a thin veil. *b* Frequent obscuration of sight, especially when stooping, walking, reading, writing. *c* Amaurosis, from debilitating, nervous losses. *c* Eyes give out in reading or writing. *b* Amblyopia and amaurosis; pupils contracted, dependent on menstrual disorders in chlorosis. *c* Asthenopia, particularly muscular; drawing, stiff sensation in muscles of eyes when moving them; letters, and stitches in sewing, run together; aching in eyes when looking intently; often caused by general muscular weakness, spinal irritation and over-use of eyes, or reflex irritation from uterus. *b* Dark veil passes before eyes from right to left every morning, at 10 A. M.

10. *Natrum Phos.* *a* Discharge of golden yellow, creamy matter from eyes. *a* Ophthalmia, conjunctivitis, discharge of yellow, creamy matter, lids glued together in morning. *b* Scrofulous ophthalmia. Pains: Burning,

stitching, cutting in eyes. *a* Burning, lachrymation, eyes bloodshot. *a* Pain over eyes. Parts: Balls, *a* squinting caused from intestinal irritation from worms. Dryness of left eyeball, with soreness as if bruised. *b* Conjunctivitis with great dread of light, since measles some years previous; enlargement of glands of neck, creamy secretion from eyelids. *a* Granular conjunctivitis, when granulations look like small blisters. Lids, quivering of right eyelid while reading. Eyelids feel sore, itch and burn. Sensations: Eyes feel as if sand was in them, mostly left. Vision: Dim sight, as if veil was over eyes; dull, heavy headache. Flickering of sight in left eye, on rising 5 A. M. Halo around gaslight. Eyes feel weak, worse from gaslight; sore when reading.

11. *Natrum Sulf.* *b* Eyes; burning in right, burning lachrymation, dim sight; worse near fire, also morning and evening, burning of edges of lids. *b* Granulous blisters on eyes. *b* Ophthalmia (scrofulous) with photophobia; lids agglutinated. Parts: Conjunctiva, yellowness of. *b* Conjunctivitis granulosa, granulations appear like small blisters. Chronic conjunctivitis, with granular lids, green pus, terrible photophobia. Lids; large blister-like granulations, with burning tears. *b* Suffusion with burning of edges of lids. *b* Lids heavy as if leaden, pressing in eyes while reading in evening. *b* Burning or itching of edges of lids in morning. *b* Sensation of crawling in eyes; great dryness and burning of eyes; worse from afternoon to evening; seemed as if her eyeballs were hot. *b* Sensitiveness of eyes to light, with headache. Vision: *b* Sight dim; eyes weak; watering.

12. *Silica.* *c* Inflammation of eye from traumatic causes; foreign particles have lodged in eye; abscesses. Pains: Aching in upper lid, with severe stitches as from a splinter, with vanishing of sight. *a* Burning pains in right eye every day about one o'clock and flow of tears over cheek, which feel scalding; these symptoms last for several hours; right conjunctiva injected; pain on pressure in right lachrymal sac, which feels somewhat swelled; mucous secretion in eye in morning; finally, great swelling of lachrymal sac, forming a little lump at corner of eye, exquisitely painful to touch, the seat of throbbing pains, the skin over it being red; hot tears run over cheek; nasal duct quite obstructed. *b* Neuralgia, ciliary. *b* Ciliary neuralgia, especially over right eye; darting pains through eyes and head upon exposure to any draught of air, or just before a storm. *b* Eyes painful, as if too dry, and full of sand in morning. *b* Pain over eyes from wearing steel spectacles. Pain from occiput to eyeball (mostly right), sharp, darting, and steady ache; eyeball sore and painful, when revolved. *a* Pain and photophobia and inability to open eyes even in dark; ulceration of right cornea, with a deep transparent base threatening perforation; great hyperæmia of lids, of conjunctiva, and of epithelial layer of cornea; en-

gorgement of submaxillary glands; moist vesicular eruptions on the back of head. Scrofulous ophthalmia. Piercing, stinging in left eye. *b* Pressure and soreness in orbits. Pressive pain over left eye about the size of a sixpence. Smarting and pricking in left eye. *b* Tearing, shooting, or at times throbbing, stinging pains in eyes, in paroxysms. Tension in eyes and forehead, with weakness of body. Parts: Around eyes; redness at first, then also of conjunctiva, with inflammation and lachrymation. Canthi; affections appearing in angles of eyes. *a* Choroiditis in a myope, in whom, upon any exertion of eye, excessive pain extended to head and ears. (See Sclero-choroiditis.) *a* Conjunctivitis (recurrent phlyctenular); woman, aged twenty-eight, has suffered for two months with it; phlyctenules have varied both in size and location, being at times very large and isolated, appearing almost like pustules, and coming on any part of ocular conjunctiva; again they are smaller, like minute vesicles, but more numerous, and sometimes form almost a complete circle at sclero-corneal junction; conjunctival redness, profuse lachrymation, intense photophobia, at times very severe pain; neuralgic pain, worse at exit of supraorbital nerve; duration of attacks from eight to twelve days. *b* Blepharorrhea with suppuration; sensitive to cold air, wishes to keep warmly covered. Cornea, *b* perforating or sloughing ulcers of. *b* Small, round ulcers, with a tendency to perforate, especially if situated near the center of cornea and having no blood vessels running to them. *b* Deep, crescentic ulcers of cornea. *a* Sloughing ulcer with hypopyon in a syphilitic patient; iris inflamed; ulcer quite deep with profuse, purulent discharge, small flakes on cornea, chemosis of conjunctiva. *b* Ulcer of cornea sloughed through; sticking pains, night and morning. *b* Pustular keratitis after psoriasis. *b* Opaque cornea after smallpox. *b* Spots and cicatrices on cornea. *b* Corneal fistulae. *a* Total pannus in a boy aged nine; both corneae completely opaque, presenting a wholly whitened appearance. *a* Cornea thick, rough, warty, as if it were a mass of hypertrophied tissue, loosened up little by little and scaled off from cornea, leaving it clear and healthy. *a* Ulceration of cornea; painless tumefaction of lids. *a* Silica 3x caused the discharge lead particles (arising from lead lotion) from cornea. *c* Hypopyon. Iris; irido-choroiditis and other forms of inflammation of uveal tract. *a* Irido-choroiditis, great tenderness of eye to touch, deep ciliary injection, contraction of pupils, posterior synechiæ, excessive sensitiveness to a draught of air. *a* Parenchymatous iritis with abscess in upper part of iris, violent supraorbital pain, night and day. Lachrymal duct; fistulae lachrymalis; bone affected. *a* Swelling of right lachrymal sac, skin over it inflamed, glistening; throbbing pain; tears hot; worse evening. *a* Obstruction of canaliculi attending an attack of ophthalmia of six weeks' standing

and affecting both eyes; acrid tears overflow lower lids. *a* A completely established fistula of sac with disorganization of walls of sac, denudation of internal horny wall and closure of nasal duct. *b* Stricture of lachrymal duct. *b* Blepharorrhea of lachrymal sac. *a* Swelling of right tear bag forming a perceptible protrusion, skin covering it inflamed and glistening; throbbing in it; the flowing tears are hot, particularly in evening. Swelling of lachrymal sac. Lachrymal gland, *b* swelling in the region of, and sac. *b* Lachrymation in open air. Lens: *a* cataract; a decided, grayish cloudiness of lens of right eye was reduced to a small spot, size of pin's head; smoke of vapor before eyes, cannot discern objects; eyes red, inflamed, watering. *b* Cataract after suppressed foot-sweat; preceding worms. *a* Cataract of right eye (diagnosis confirmed by two physicians) cured in one year by repeating silica once a month. *a* Cataract in right eye in a man aged sixty-one. Lids; *a* trachoma of conjunctiva of right eye, hyperæmia and swelling of conjunctiva and copious secretion of tears and mucus; after exposure to a storm the inflammation increased and there was also cloudiness of lenticular capsule; horizontal oval dilatation of pupil; violent supraorbital pain day and night; urine strongly ammoniacal, deposited a yellowish sediment and contained a large amount of albumin; sight very much diminished; copious muco-serous secretion from conjunctiva; after some time there was an abscess arising from upper part of iris, having a yellowish-red coloration, and covering whole pupils. Parenchymatous iritis. *b* Fungus medullaris. Twitching of eyelids. *b* Fungus hematomodes. Blepharitis: with agglutination in morning; caused or aggravated by working in a damp place or from being in cold air; objects seem as if in a fog, better by wiping eyes, fluent coryza, corners of mouth cracked, with psoriasis on arm. *a* For four months constant discharge and ulceration under right lower lid, the result of severe inflammation; over right inferior orbital ridge, cicatrices which everted the lid and three openings as found over dead bone, discharging a yellow-white pus; on probing, caries of lower orbital arch was found extending over malar and superior maxillary bones, and connected by sinuses with the upper jaw opening over first molar tooth, through which opening the discharge escaped into mouth. *b* Boils around eyes and lids. *b* Cystic tumors of lids. *b* Tarsal tumors; styas. *a* Cystic tumor of lower lid existing one year. *b* Styas, nodules, and indurations on eyelids. Soreness and smarting of eyelids, she cannot close them. Sclero-choroiditis ant. relieved by this remedy; conjunctiva and sclera injected and a bluish bulging around cornea; retina hazy, no vitreous opacities; severe pains extending from eyes into head on one side, worse by warmth; severe aching in back of head on one side, corresponding to eye which is worse; symptoms alternate from one eye to the

other. *b* Redness of whites of eyes with pressive pain. Sensation: As if both her eyes were dragged back into head with strings. Vision. *c* Letters run together, appear pale. *b* Long-lasting photophobia; daylight dazzles the eye. *b* Dim vision after suppressed foot-sweat. *b* Occasional lightning-like flashes in eyes and a feeling as if something obscured vision; nervous sensation in head. *b* Black spots or sparks before eyes; a persistent speck before right eye. *b* Momentary loss of sight, with uterine affections; pregnancy. Eyes weak; vision indistinct, misty, with flickering before eyes. Dimness of vision; could neither read nor write; everything ran together; as if looking through a gray cover. *b* Amblyopia: from checked foot-sweat; from abuse of stimulants; nervous sensitive persons; after diphtheria. *a* Momentary attacks of sudden blindness. *b* Day blindness, with sudden appearance of furuncles. Slight fluttering before eyes.

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Fractured Tibia.

BY J. K. EBERLE, M. D.,

Pana, Ill.

A beautiful Sunday afternoon, September 25, 1881, a boy of seventeen, a farmer's son, was climbing a ladder of a wind pump over thirty feet in height. He was carrying in his right hand an oil can to oil the machinery of the pump, supporting himself with his left. When he had ascended thirty feet, his right foot raised for the next rung of the ladder, his left foot slipped, and he dropped to the ground, alighting with his whole weight on the left foot, resulting in an oblique compound fracture of the tibia, four inches above the ankle.

In such case of alighting on the one foot from the height of thirty feet, I looked for some lesion about the groin, but found none. The lower end of the upper bone of the tibia had run into the ground and denuded it of its periosteum about two inches. Cleaning it as best I could, I adapted the parts and dressed the fracture with straight splints in order to overcome the resisting power of the rectus, ligamentum patellæ, gastrocnemius, popliteus, soleus, and plantaris muscles.

The best splint to overcome these that I could get was a double inclined; with a small weight to the foot to keep up extension. Yet he could move up and down the upper part of the tibia. With that much play it could not heal. So, to overcome this, I took a tourniquet, placed it up near the knee, and in this way kept it in place until it healed. I kept him in splints ten weeks before I would let him go on crutches. During this time a few splinters of bone came out.

Treatment.—Arnica 3x for a few days, to overcome the shock. Then gave him symphytum off. 3x. This assists in the formation of callus and prevents pain while the bones are knitting, which it accomplished, although his father did laugh at me, when I said "This will keep down pain." He has as good a leg as ever, and no shortening of it.

This was my second year in this place, and homeopathy was not established. What a howl went up among the seven "Regulars," and their friends! "Homeopaths are no surgeons! We will have to go out there and take that leg off for Dr. Eberle. I had a case just like it, and it would not heal, and it had to be taken off," etc. They got my Pennsylvania Dutch blood up, and I cared for it, and put them to silence.

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Symphytum off.

The mention of the oil can in Dr. Eberle's paper gave rise to a hope that we might tell our oil can story. But the oil can in his case seems

to have played no special part, ours did. Here's our oil can story:

Several years ago a plumber was at work in the cellar on some overhead work. He was standing on a rickety kitchen chair. By some mischance the chair tipped, and to save himself from falling he stepped down quickly, and in doing so stepped on a long-nozzled oil can, which penetrated the side of his shoe and entered the foot and passed along the skin for over an inch. It required considerable pulling to get the oil can out of the foot. Treatment here, too, was symphytum internally, and locally cleansing and daily washings with potass. perman. This man was laid up for nearly six weeks before he was able to walk freely.



Notes from Practice.

BY GEO. M. OCKFORD, M. D.,

Ridgewood, N. J.

Toothache.—Man complained of toothache in upper left molar, especially aggravated by taking anything cold in the mouth, and also aggravated by warm drinks. The tooth ached nearly all the time. Lachesis 12th promptly relieved it, and when the pain returned some months after, the same remedy again relieved.

Neuralgia.—Woman had neuralgia of right side of face. Attacks came on daily about 9 a. m. and continued until 3 p. m. Came on suddenly and went off gradually. Had taken massive doses of quinine without any relief. Belladonna 30th shortened the attack to one hour the first day, and prevented any subsequent return.

Cough.—Man had cough which came on about twelve o'clock every night, after first sleep. Aralia rac. 3x promptly arrested the trouble and cured the case.

Dyspepsia.—Woman, near climacteric age, had pain in stomach, coming on sometime after meals, with relief immediately after eating. Anacardium 3x quickly ended the trouble.

Whooping Cough.—A number of cases were greatly relieved by the use of a two per cent. solution of formalin. The method of using was to place the affected children in a closed room and with an atomizer fill the room with the solution for about ten minutes daily, and also to spray the bedding before the children were put to bed. Under this treatment, the attacks became reduced in number and severity. Formalin is a forty per cent. solution of formaldehyde.

Worth Reviewing.

Colchicum.—The pain is unbearable; the patient is dissatisfied; pale face and sad countenance (similar to phos. acid.). There is cedematous swelling and dry tongue. Patient can't bear the smell of cooked food; nor to hear the setting of the table for a meal. Intense thirst and bitter taste. Constant hiccough; sometimes ptialism with nausea; vomiting of bile and mucus; urine frequent, scanty, brown, or black as ink. Oppression of chest; cough worse in night. When attempting to cough, discharge of urine. Sensation of knife thrust into the liver in attempting to breathe. Stitching pains in right shoulder. Cedematous swelling of feet and legs, with the scanty urine. Drowsiness with sleeplessness. Pulse hard, with shivering down the back; worse from heat, motion, and food; better from warmth. The aggravation comes on in the evening and lasts all night.

Drosera.—Great fear of ghosts, and anxiety; distrust, afraid of being poisoned. Great obstinacy. Face pale, eyes sunken, bleeding from mouth; constant hiccough. Much water-brash, vomiting of mucus, bile, and even of blood. Like pulsatilla, it has greenish expectorations, and nausea on eating fat food. Cold, clammy sweat on feet; chill during the day and heat during the night, and thirst during the heat. Worse at night, from heat, from drinking, and worse during rest.

Cocculus.—There is an aversion to food, but not very intense, with belching of wind and nausea, with stitching pains. With the nausea there is a tendency to faint, and the vomiting and nausea are worse at midnight. The pains are severe in the region of the diaphragm, preventing sleep and producing dyspnoea. Frequent discharge of pale urine, scanty; palpitation of heart; emptiness of chest, similar to stannum. Pain in the shoulder. The hands alternately cold and warm. Pulse small and feeble; chill in afternoon, mostly in legs and back; worse from eating, drinking, talking, and sleeping; better from warmth.

Hysteria or Fainting.—For this give nux moschata in minute doses, or nutmeg tea a tablespoonful before meals. The same for diarrhea with fainting, or in indigestion when accompanied with drowsiness, and much flatulent distention of the stomach. To break a fit of hysteria dash cold water in the patient's face by cupfuls, one after another, until the end is accomplished; or press a lump of ice to the nape of the neck [or paddle the soles of the feet with the broad side of a hair brush or the sole of a firm slipper; or put snuff into the nostril; or use the Pratt speculum in the rectum; or apply alternately hot and cold water to the abdomen; or prepare loudly to use white-hot moxie; or offer to cut off the back hair, because of congestion at base of brain.—Ed.]—Collated from Medical Genius.



The Medical Library

By O B SERVER

The End of an Epoch.

This is a clever book, if greswome. The name on the title page is "A Lincoln Green," but it conceals, we are told, that of an English medical man whose scientific work is known to physiologists. Otherwise we might have supposed that it was a kind of antivivisection pamphlet writ large. The idea of the book is hideous enough. A German bacteriologist of Jewish extraction has discovered a bacillus paradoxus pathogenic to man only, which after an incubation period of six days, produces coma or delirium and death in a few hours. By an accident, not very ingeniously imagined, a huge quantity of the spores of this bacillus get loose at Epsom on a Derby Day. The bacteriologist has discovered an antitoxin, but has inoculated with it only one person, a young English bacteriologist, before the accident. The German goes mad immediately after the accident, and six days later the pestilence begins. In a few weeks England and apparently all Europe and America are depopulated. Only the young Englishman and the very old, who are immune, escape. So far the author does very well, and describes the pestilence and the blind fear and fury of the populace vividly enough, but having got his stage quite clear he is evidently embarrassed by its vastness. The hero gives himself up to trying to keep a colony of old people alive in the Charterhouse, and there is much imagination and good description in the story of the sayings and doings of these callous old folk. Something also is made of the return of domesticated animals to a feral condition, and there is a good description of a pack of buck-hounds chasing a thoroughbred stallion into St. Paul's Churchyard and being beaten off by a phalanx of bulldogs. But, really to develop the situation, the author wants more room, as much as an eighteenth-century romancer would have given himself. As it is, he has to hurry on to the ending which is to bring an Eve to the Adam of this childless world to be inoculated with some newly made antitoxin. There the matter ends at the threshold of what ought to have been the most interesting part of the story, but one which would have stretched the author's ingenuity to the uttermost, the re-peopling of the world. This is perhaps a somewhat ungrateful criticism, for he has shown a great deal of ingenuity, much knowledge, and no little imagination.

Ueber die Indicationen der Entfettungscuren.

Professor C. von Noorden urges great individualization. In dealing with obese persons who are otherwise in good health, he holds that in old age (which in some may be said to commence at sixty, in others at seventy and eighty) active attempts at reduction of fat are almost completely contra-indicated; in children and young persons, up to about the age of twenty, he is content to oppose the further development of obesity, and only intermittently during short periods of four or five weeks, attempts to get rid of the superfluous fat; at other periods of life the indications for or against active courses of treatment are furnished by the degree of obesity, the progressive or stationary nature of the condition, the occupation and character of the patient, etc.

The author points out the great difficulty often met with in the reduction of excessive fat in the abdomen, especially by rapid energetic measures. Abdominal massage may be of use in these cases, but is of greater service against accompanying intestinal atony.

Sometimes local massage may have an unexpected effect. Thus von Noorden had one arm only of an obese lady daily massaged for a certain period, and found that this arm increased $1\frac{1}{2}$ centimeter in circumference, whereas the size of the other arm remained the same.

The question of treatment becomes much more complicated when obesity is combined with affections of the circulatory system or of the kidneys. The diet often ordered for renal cases may do harm by inducing the accumulation of fat, and von Noorden thinks that more notice should be taken of the general condition when regulating the diet of albuminuric patients. Obesity may probably be as dangerous in cases of chronic interstitial nephritis as it is in ordinary cardiac cases. In stout persons suffering from chronic bronchitis or chronic articular rheumatism the reduction of fat is, he thinks, often as beneficial as, or even more beneficial than, treatment exclusively directed towards the affected organs, and adds that in fatness a gouty patient should be treated. In some cases of functional nervous disorder reduction of fat is useful and gives the patient greater energy and power of will. In glycosuria a slight tendency to obesity should never be objected to because diabetics generally feel better when their fat is somewhat more abundant than it should be in normal persons.

Conditions of cardiac weakness may, however, constitute an indication for the careful reduction of fat in otherwise only moderately obese diabetics. Von Noorden also points out that in pulmonary tuberculosis the excellent modern methods of treatment may occasionally, if not held in check, lead to an injurious accumulation of fat.

De l'Obésité.

Dr. Gabriel Leven commences his book on obesity with the very sensible remark that obesity is not a disease but a symptom, and that it must be studied and treated accordingly. He then proceeds to vitiate his position by allowing of no other cause of digestive disturbance than a reflex action through the nervous system. To arrive at this view he has to disprove the theories of previous investigators; he can hardly be said to do this satisfactorily, as he is usually content to dismiss them in a few words. Thus von Noorden's caloric theory is brushed aside summarily, and almost contemptuously, on p. 27.

Dr. Leven holds that ingestion of water has no influence upon obesity, and that alcohol, if it acts at all in this respect, does so only as being a cause of dyspepsia; he directly contradicts Bunge's view that lack of muscular exercise is a causative factor.

There is an air of what we may call cocksureness about all this that certainly does not carry conviction with it. Dr. Leven's positiveness extends also to chemical formulæ and he has no hesitation in giving on p. 23 a definite one for albumin, of which he makes use in an equation. He has, however, done good work in ascertaining the nitrogenous output of the obese, which, when they are on standard diet, he finds to be quite normal. He quotes a number of cases to show that obesity never occurs without the co-existence of gastro-intestinal and nervous symptoms. With regard to the latter he is somewhat easily satisfied, dreams and palpitation being enough to condemn the patient. He regards the dyspnoea of obesity as being gastric in origin, arising reflexly through the relations between the gastric and pulmonary nerves, a view which is hardly in accordance with the teachings of modern pathology.

He condemns all existing regimens for the affection without substituting anything beyond generalities.

Ueber die Wechselbeziehungen zwischen der Form und der Function einzelnen Gebilde des Organismus.

Dr. Julius Wolff's work upon the Mutual Relations between the Form and the Functions of Individual Portions of the Organism was originally communicated to the German Society of Naturalists and Physicians, and he has been well advised to publish it in the form of a monograph, for it contains much that is of importance both

to men of science and to practical surgeons. One of the objects of the communication is to furnish further proofs in favor of the hypothesis that "function produces structure and form," but in the course of his argument Dr. Wolff lays stress upon the practical use of a proper knowledge of the basis of this hypothesis in the treatment of deformities.

Bones alone are referred to in support of the thesis, and the argument is opened by a description of Cullman's discovery that the lamellæ in the cancellous tissue of bones are arranged according to mathematical laws in a manner best adapted to support pressure and to resist the tension to which the bone is subjected in the performance of its functions. Dr. Wolff then proceeds to show that when a bone has been broken and the ends have united, with more or less displacement, and the limb has again been brought into use, the lamellæ of the cancellous tissue are rearranged in the lines along which the pressure and tension are distributed, in accordance with the new form which the bone has assumed.

He points out that two things have to be considered in connection with every fracture: first the union of the segments, and then the transformation which affects the whole structure of the bone; the latter commences as soon as the healed bone is brought into use, and is the result of the pressure and tension to which the bone is subjected—that is, it is the result of the function of the part.

He asserts his disbelief of the long-cherished opinion that after the healing of a broken bone the internal callus is removed for the purpose of re-establishing the medullary canal, and that the re-establishment of the canal is an attempt on the part of Nature to reproduce the original form of the bone, and he urges, on the contrary, that the re-establishment of the medullary canal is absolutely unessential, and that Nature is in no way inclined to reproduce the original form, but only the original function of the bone, to which end she produces from the more or less displaced segments that form which is best adapted to subserve the functions under the new conditions.

In other words, Dr. Wolff argues that in the case of any deformity of bone, either congenital or produced by disease or injury, as soon as the bone is brought into use, that is as soon as it becomes functional, the internal structure will be adapted to support the pressure and to resist the tension which are brought to bear upon it, and the arrangement of the internal structure will result in the production of a definite external form: this being the case, the generally recognized treatment of deformities by the application or the removal of pressure in certain directions, or by the operative removal of portions of the deformed tissue is, he considers, based upon erroneous ideas. The proper scientific treatment is to place the deformed part as much as possible in the position of the normal part, and then to allow it to perform its functions, when it will

follow, of necessity, that the internal structure of the bones will adapt itself to the functions of the part and the external form will gradually become normal.

Uterine Fibromyomata: their Pathology, Diagnosis, and Treatment.

Stanmore Bishop's work on "Uterine Fibromyomata" is practically a plea for the treatment of uterine fibroids by hysterectomy. The author reasons temperately enough; he believes that these tumors are by no means harmless, but expose the patient to great and increasing risk, and that, in many cases in which life is not directly threatened, the patient is crippled during those years when her powers of enjoyment and usefulness should be greatest. He holds that the surgeon may intervene with relative impunity in pathological conditions which until recently were considered out of the reach of anything but medical treatment.

Bishop admits that "some cases of fibroids do not require treatment at all," and that "cases which produce no symptoms, which are not obviously enlarging, or in which there is but little hemorrhage or signs of interference with important functions, are best left alone." He might, perhaps, have added that there is a tendency at present to alarm patients who have fibroids which produce no symptoms. The experienced will agree with Bishop that fibroids which grow quickly, bleed, or press on important structures, are best removed. He discountenances less radical procedures. He collects valuable evidence against the supposed advantages of visits to certain watering places. Prieger admitted in 1854 that he had no reason to believe that the Kreuznach waters, whether employed on the spot or elsewhere, exercised the power of removing undoubted fibroid tumors. West disbelieved in them, and Keith, as late as 1891, spoke against "endless and useless visits to Kreuznach." No doubt it is in cases of fibroids with no symptoms beyond their existence that most "benefit" is experienced by the patient. Bishop does not speak enthusiastically of electricity, even when bleeding is the main symptom.

Sufficient prominence is not given to fibroid of the broad ligament as a distinct condition from uterine fibroid and the diagram of the broad ligament, taken from a French work, to illustrate ligature of the uterine artery from above, is inaccurate, as the anterior layer of peritoneum appears as though it descended as deeply, before turning up again, as the posterior. Bishop practices abdomino-vaginal panhysterectomy in severe cases. The principles laid down for the treatment of fibroid in pregnancy are sound. He shows that if the tumor be cervical, or so low as to become wedged in the pelvis during uterine development, it may prove an insurmountable barrier to the birth of the child. On the other hand, the statement that "parturition in cases of

fibroid tumor is always a matter of difficulty, often of grave danger," is open to question. Quite recently a teacher connected with a large metropolitan school, including a maternity department of about 2500 cases per annum, stated before the Obstetrical Society that he had seen a considerable number of cases of pregnancy and labor complicated with fibroid tumors, but he had never met with a death from the complication, and on only one occasion found himself compelled to perform Cæsarean section and remove the uterus.

Uterine Tumors: their Pathology and Treatment.

Roger Williams in his new book deprecates the prevalent tendency to give an unfavorable prognosis of a myoma which is causing no symptoms, and lays stress on the extreme rarity of so-called malignant degeneration of fibroids. Above all, he dwells on the extremely low mortality. He admits that hysterectomy for cancer is allowable, provided that the cancerous area is totally removed with the uterus; this complete extirpation of malignant elements can be effected, he insists, by no other operation than abdominal section. It is only by operating above the pubes that not merely the entire uterus can be removed, but also the upper part of the vagina, the fallopian tubes and ovaries, the parametric connective tissue, so exposed to early malignant infection, the broad ligaments and the round ligaments. These parts should be taken away altogether, their infection with the knife during the operation being avoided as much as possible, and the uterus must be carefully dissected out from the pelvis to the base of the bladder.

Infections of the Fallopian Tubes.

In the "Text-book of Gynecology," edited by Dr. Charles A. L. Reed, of Cincinnati, the chapter on individual infections of the fallopian tubes, by Reed and Whitacre, is a valuable contribution to the bacteriology of the female organs. The editor seems, on the whole, rather in favor of hysterectomy for cancer, but he shows that statistics by authorities of weight are somewhat gloomy, though a few well-known writers speak of cases of non-recurrence after the lapse of several years. He admits that the adoption of the extended operation has been so recent that ultimate results are not yet determinable. McMurtry's views on the treatment of fibroids agree with those of many European authorities. He insists that the perfected operative treatment of modern surgery has taken the place of drugs and electricity! When the tumor is of small size and unaccompanied by hemorrhage or other serious symptoms, no treatment whatever, he affirms, will be required.

TOPICS OF THE HOUR

Medicines Included.

The following letter was received at our office a day or two since:

"Dear friend 3 or 4 days after I seen you last I received through some kind friend. A 1 Months free treatment of the ——. I started on the 8th and have one full week in & I think I have been benefitted to a big extent. I will have lots to tell you when I see you. I feel run down pretty much. I can scarcely see or hear no more at presant yours truly . . .

P. S. Instructions is hard to live up to to be cheerful & pain is I believe a impossibility."

What the treatment is of which this patient (who has elephantiasis of the lower extremities) has received a month's free use, we do not know. But as there is a strong inclination towards spiritualism, we fancy it is along the line of suggestion and Christian Science. The benefit must be most marvelous when, with but a week's treatment, he "can scarcely see or hear."

Another former patient of ours had locomotor ataxia. Our ministrations were of little avail. During our absence in Europe a more than usual attack of pain having seized upon him, he was counseled to visit a medium-doctor who had an Indian control. This was done. On our return to the city we were informed by the patient's wife of all that had been done. This Indian control had instantly informed the ataxic patient that he had no such disease as locomotor, but that he had an unhealed injury of the spine produced years before while jumping. And before the "snow flies again" he would walk as well as anyone. Price one dollar per week, medicines included.

When the snow flew for the first time there—after "they" informed the doctor that "they" had discovered remnants of other diseases in the material body of the patient, but that he must not be discouraged; everything would be all right. So the dupe-ing and dope-ing continued from month to month at one dollar per week, medicines included; the poor man believing that he was getting better, until one evening, a couple of months ago, while he sat in a chair, very weak and exhausted, he expired without a groan or a sign.

The doctor, being sent for, was quite astonished at the untoward happening, but found that it was the heart and not the other disease which had destroyed this life; that if the heart had not been so weak, he would undoubtedly have lived and in time have gotten entirely well!

There is this bright spot in this picture of dupe-ing. Every physician to whom this poor

man had dragged his leaden feet had told him that his case was hopeless, and to make the best of a bad bargain,—which tended to make him almost desperate. When this Indian control took hold of the case, he planted hope and courage in the breaking heart and made the few remaining months of his life bearable. Perhaps this was worth one dollar per week, medicines included.

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Army Medical Matters.

This is something in which the homeopathic school has no concern beyond the fact that for years it has been pleading and commanding for an equal representation in the Army. In one way and another the old-school authorities who, by reason of priority of occupation of the field, have continued in possession, while occasionally pretending to be anxious for others beside themselves, have always found a way to turn down a homeopathic applicant in the face of education, skill, and experience the equal of that possessed by any of their own favored school. The Cuban war has done much to bring to the public eye the pitiable state of affairs in army and navy circles—the former in the corruption of contracts—embalmed beef, for instance; the latter, in the conduct of affairs at Santiago and the attempted discrediting and disgracing of a gallant and successful Rear Admiral. The condition of our brave soldiers in Florida and later in Cuba (have we forgotten Roosevelt's Round Robin?) was, upon its first disclosure, met with a storm of indignant criticism. Now we learn from the remarks of the retiring President of the American Medical Association delivered at a banquet to him at Marion, O., December 10, that the "yellow" remarks of contemporary daily journals were not overdrawn. It also accounts for that anomaly of a need for our government to insert advertisements in various publications soliciting the application for appointment to places in the medical department of its Army and Navy. The criticism indulged in has pointed to the disorganizing of the medical department by cheap politicians, who presumably had naught but the veriest of commendable economies in view. From the facts, however, most recently disclosed, it would appear that some measure more than usually drastic was needful in order to break the "medical" ring which dominated everything pertaining to the profession. So poorly equipped was this important arm of the Army at the time of the Cuban war that civilian surgeons were hired outright to do that which the Army medical men seemed incapable of doing by reason of lack of numbers, and for

other reasons not necessary to repeat; thus showing that the medical corps was entrenched in tradition and gold lace, and, being without the incentive of "hustling" for a livelihood, had fallen behind in the procession of professional progress and were lamentably lacking in modern ideas; while the civilian medical men had become the peer of the best training the world over. And quite naturally when good men failed to apply for service, or the better men, who had been in the service, noting the trend of the business, fell out and back into private life, the Army Medical Department soon became a minus quantity, one with which the cheap and tinsel politician might safely tamper and practically destroy. No profession under the canopy of heaven needs so much to be in constant contact with the world of activities to keep itself bright and strong as that of medicine, and this cannot be had while serving in an arm of the public service which, as Dr. Reed discloses, is demoralized, and made subservient to the political soldiers and doctors who wear epaulettes and are most wonderful tacticians and practitioners—on paper. What the Army and Navy Medical Department needs is a merciless smashing of its "ring," a clearing out of its traditions and clay-footed idols, the introduction of new blood, homeopathic and eclectic, and a raising of the standard by a system of civil-service promotions, attractive to medical young men, who will bring the Army Medical Department up out of Egyptian darkness into the light of the modern day, as has been done in civil life. Then it will no longer prove necessary to advertise for medical applicants; there will be honor and fame attached to the posts, which will then be sought for. The following is from a Cleveland morning newspaper, reporting the banquet address of Dr. Charles A. Reed of Cincinnati on his retirement from office:

"It seems, from evidence that has recently come from within the army itself, that the medical department has not only been degraded but that it is practically without authority. This was strikingly, indeed tragically, illustrated during the recent war. A commandant was in charge of a quarter of the entire army. His command was made up of the flower of American manhood, and was encamped at a health resort. He, however, in violation of the precedent of the usually cultivated and competent gentlemen of the line, but acting under the permission of existing army regulations, not only set aside recommendations of his sanitary officers, but by personal example incited his men to violate the most fundamental sanitary laws. The result was what might have been expected.

"Of the more than 50,000 men in his command, 12,000 were invalided, while nearly 1000 died from preventable causes. If, in an active military operation, the commandant had ignored the advice of his scouts and had led his command into ambush with similarly disastrous results—12,000 wounded and 1000 killed—he

would have been court-martialed and, doubtless, dismissed from the service.

"The regulations, however, I am advised, fix no responsibility for this parallel calamity, the enormity of which is only beginning to be understood. It is not surprising that efforts have been made to suppress knowledge of it. I am advised that the Army Investigating Committee, in the interest of public decency, omitted from its public report much testimony on this phase of the conduct of the war. An officer in the service who to-day agitates this unfavorable subject is banished to the Philippines. No wonder the surgeon general cannot fill the sixty and more vacancies now existing in his corps; self-respecting medical men are not offering themselves for degraded service that is dominated by gag law and tyranny.

"But such methods must fail. It will not do to cry 'out, out, damned spot!' it will not out. We of America may blush, but the scandal is ours. The Congress, at the present session, is to be asked to intervene in this matter—a matter that appeals to every soldier, to every home that furnishes a soldier, to every patriot that is proud of the army, to every citizen that is actuated by the ordinary impulses of humanity. The agitation cannot stop until the responsibility is fixed for the enforcement of a regulation under the present terms of which the bumptiousness of an accidental and incapable commandant may, with impunity to himself, deprive an entire army of the benefactions of science."

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The Blood Cure.

The Charlotte Medical Journal, copying from *La France Médicale*, presents the following interesting items which once in the bygone times were the vogue. Before making the copy we are reminded that only recently we noted in one of our exchanges the recommendation of a bath in blood as a cure for some form of skin disease. Several of our patients have told us that, if they are due to be unwell, and in anticipation of the ordeal arrange their toilet to that end, they are sure to fail of coming:

"Jews naturally have a distaste for blood, and their religion forbids its use. The blood of the sacrificial animals was carried away from the altar by an underground channel as something impure, and at the time of the second Temple it was collected in the valley of Kedron, where the drain opened, and was sold to the gardeners for manure.

"The Jews, therefore, rarely employed blood either in medicine or magic, and Talmudic literature only affords the following examples of its use:

"The blood of a grouse was used to anoint the eyes in cases of eye-disease. For the cure of unilateral headache a grouse was taken and was struck with a piece of silver upon the side of the

head in which the patient felt pain in such a manner as to draw blood, though care was to be taken that the blood did not run into the eye.

"The bird was then nailed against the door, in such a manner that the patient rubbed against it every time he entered and left the house.

"Jaundice was cured by allowing the blood of a young ass to drip on a bald place made in the middle of the patient's scalp, but it was again necessary to be careful that the blood did not flow into the eye.

"Bird's blood was known to be useful in removing stains in flax. Human blood is never mentioned except in the following passage of the treatise on the Sabbath: 'Some say that the menstrual blood ought to be thrown to the cats, others that it should not be kept because it weakens.' Raschi says in his commentary that 'Whoever gives this kind of blood to a cat falls ill.'

"The Babylonian Jews, during the middle age, used to circumcise over a vessel of water, in which the young people afterwards washed, saying, 'This is the blood of the everlasting covenant made between God and our father Abraham.'

"The case of the dying Pope Innocent VIII. whom a Jewish practitioner recommended to be transfused with the blood of little boys, owes the treatment less to the Jewish element in the doctor than to the ideas prevalent at the time he lived.

"It is still held amongst the most ignorant Jews that the blood of the patient is a good remedy to stop his bleeding. Blood from a circumcision or from the nose is boiled, therefore, into a hard mass, and is then sprinkled as a powder over the wound, or is used as a snuff for epistaxis. In the case of epistaxis, however, it is necessary to write on the nose or forehead with fluid blood, 'Sib b'tib j'min b'dam zeto' to make the charm effective.

"The blood of a fox or wolf, applied externally, is a cure for the stone. The blood of a ram is good against stomach-ache, and the blood of a goat against scrofula and gout. A wolf's blood is used for deafness, and that of a pigeon for diseases of the eye. The dried blood of a cow, the fresh blood of a hare, and the bile of a hare are good against piles.

"In cases of severe or irregular loss of blood a woman should knead a little blood into the bread she makes, some of which should be eaten by a pig. Menstrual blood is also used as a cure for fever. The patient who is attacked is clothed in a garment stained with blood, which has been dried before the fire at the end of a pole.

"To become invisible, watermelons should be dipped in menstrual blood and should afterwards be kept in a glass house. Anyone who carries this fruit, when it is ripe, will certainly be invisible.

"Gout is cured by the menstrual blood of a primipara."

Are You a Jew?

This is a question which has been frequently asked of Dr. Love, the talented editor of the Medical Mirror. In his most recent issue he explains that someone has accused him of changing his middle name from Solomon to Newton, in order to hide his Semitic origin, though retaining the initial Isaac. Dr. Love, after explaining how a St. Louis contemporary once upon a time started out in a tirade against Jews had included his name amongst the list, and since that time he had been repeatedly asked the question. Dr. Love says that his name is, and has always been, Isaac Newton Love, and dates his ancestry back to the world-renowned philosopher, Sir Isaac Newton. Omitting some few personal remarks, we copy the remainder of the doctor's rejoinder, which is worth reading:

"No, I am not a Jew, but I wish to God that I were; indeed I wish that I were even remotely of said origin, for we have had the evidence through many thousands of years that the Jews are God's chosen people. We see every day that which goes to prove that God is with them in all their undertakings, and I am often led to feel that he lets me 'go it alone.'

"Yes, indeed I wish I were a Jew. In that case I would have been possessed of a financial skill and commercial acumen of which I have certainly been very short, and many of the financial deals into which I have been inveigled to put my hard earned money during my busy life would have probably gone my way. Had I been a Jew, I would have been free from a certain hypersensitiveness of nature, a thinness of skin, which has at times been painful to me, leading often to a lack of courage and nerve which was probably fatal to the success of many of my plans.

"Possibly, in the final wind-up, I will have had all to which I was entitled, but I have often been made to feel as the little girl did who, when called upon to say her evening prayer, with broken arm in sling and her head and several other wounded parts bandaged for injuries received, prayed, 'Oh, God! if you will forgive me all that I have done to you I will forgive you all that you have done to me, and you have certainly done a-plenty.'

"Yes, if one be a Jew, surely he is to be congratulated, because God has given evidence all down the centuries that he devotes a very considerable part of his time to them and their good. They have a family record extending back thousands of years beyond the puny sons of royalty or the alleged nobility of the world. When the progenitors of the present leaders of society of the world were wild barbarians, living on berries and roots and herbs, the Jews represented a high civilization and were in close touch with God. The Jew then, as now, had much to be proud of in his beautiful devotion to his family and loyalty to those he loves. His ability to take care of

himself and those dependent upon him and his possession of energy, indomitable will, and nerve and ability to get there and to catch the nimble penny, are generally recognized and commended.

"It is true that now and then we see crude, even cultured representatives of the genus Jew, whom we may admire, but enjoy very much as we do a headache, and yet we can find such among all classes, creeds, and races. The rank and file of the Jew stands as a splendid type of manhood and let it be remembered that many of the traits, such as cunning, thickness of skin, etc., are the results of centuries of persecution.

"Whether in the realm of finance, business, politics, or literature, the Jew is a winner, a representative of worth and work. And again I say, 'No, I am not a Jew, but I wish to God that I were.'"

♦ ♦

An English Physician in New York.

I was much interested in seeing Professor Alexander at Bellevue do perineal section for recurrent stricture. First a whalebone guide; then a small catheter over it, then perineal section on the catheter, then Otis' urethrotome dilator was used, dividing the upper wall of the urethra, which was then dilated, and finally a No. 20 rubber catheter was passed perineally into the bladder and left there. I was so pleased with Otis' instrument, after seeing its practical use, that I brought one home with me. Dr. Alexander made a great point of dividing the upper wall of the stricture.

At his request I assisted him at something still more interesting, namely, perineal prostatectomy. According to Dr. Alexander, difficult urination in elderly men is usually not so much from middle as from lateral prostatic overgrowth. For this condition he does an ingenious operation. He opens the membranous and dilates the prostatic urethra, and then works from the inside of the prostatic portion. He has discovered a natural line of cleavage in the lateral lobes of the prostate, and this he is able to get into from the prostatic urethra. He separates the abnormal lateral growth with his finger, and completes the operation by twisting it out with forceps. He works above the prostatic veins, and far below the upper surface of the gland, and so hemorrhage and peritonitis are both alike prevented. If the middle lobe projects—it did not in the case I saw—it is dealt with similarly, and finally a big catheter is tied in perineally. As the lateral cavity contracts it pulls wide open the prostatic urethra, and the membranous portion is not injuriously interfered with. The case I saw operated on did very well.

Dr. Alexander's operation is much less serious than that of Albarran of the Hôpital Necker, Paris. In the latter operation the rectum and prostate are separated; the posterior capsule of

the prostate is divided mesially; the lateral lobes are then removed piecemeal, and the central lobe is enucleated by the finger passed—after Dr. Alexander's plan—through an incision into the membranous urethra. Though a formidable operation, Albarran has recently narrated sixteen consecutive successful cases—a very promising result when we remember the twelve to fifteen per cent. mortality of suprapubic prostatectomy. Dr. Alexander does not believe in Bottini's burnings, and assured me that castration and vasectomy were seldom of real and lasting service in prostatic hypertrophy. It was a great privilege to be allowed to feel every stage of Dr. Alexander's operation, and I was duly dressed and disinfected with that end in view. The disinfection at the Bellevue is thorough; first ether soap, then chloride-of-lime powder, then sodium carbonate solution, which causes evolution of chlorine, and then 1 in 2000 sublimate lotion. I am sure it is thorough, as my hands smelt of chlorine all the rest of the day and even next day. Asepsis without antisepsis is of small avail.—G. B. Ferguson, M. D.

♦ ♦

Are Colds "Catching"?

We all speak of "catching" cold, and the belief that an ordinary cold is "caught" in the same sense as an infectious disease, and in no other way, seems to be gaining ground among medical men. Dr. H. Willoughby Gardner writes in *The Lancet*:

"Colds are almost unknown in the Arctic circle, not on account of the action of the continuous cold, but because the greater part of that region is uninhabited. When Sir William Conway and his men were exploring Spitzbergen, though they were exposed to great privations and were almost constantly wet through, they never caught a cold, but directly they came down to Andrée's settlement on the coast, where some forty men were living in almost constant intercourse with the mainland, they all developed violent colds. Nansen and his men never caught a cold during all the three years of his voyage, notwithstanding the utmost exposure, but directly they reached civilization on the coast of Norway, though still within the Arctic circle, they all suffered badly from colds. The weather is not always keen and bracing in the Arctic regions; during the summer time in Franz Josef Land, at any rate, it is exceedingly damp, and raw, mist-laden east winds prevail; yet the members of the Jackson-Harmsworth expedition never caught a cold there, though all but two of them did so directly they reached civilization. More noteworthy still were Conway's experiences in the Himalayas. While amongst the mountains he and his men, notwithstanding great exposure, never caught colds; nor did they even when they visited the small remote native villages; but once they came down to a village

where there was a small European settlement in communication with the outer world, and there they all took bad colds. Nor is it only in the Arctic regions and amongst high mountains that colds are absent; the same immunity from them is noticeable during long sea voyages and when camping out in the desert; and, still more unexpectedly, in the best open-air sanatoriums, such as Nordrach, where the ventilation is practically perfect, it is found that the patients do not catch cold. There is, I believe, plenty of other evidence to show that there are places remote from ordinary human life where colds cannot be caught whatever the exposure; probably many of your readers can bring forward instances.

"On the other hand, that ordinary colds are in the highest degree infectious is now becoming a matter of common knowledge, and any medical man, if he goes about with open eyes, can collect evidence for himself. I have watched a cold pass from house to house and have even traced it from one village to another, and have listened, not without some amusement, while the different sufferers from it have explained to me just how they caught it—asccribing it to some open window, change of garment, or other fancied imprudence. I know houses where all the members of the household, including visitors and children, are constantly catching colds, and they are not the airy or even the draughty houses, but stuffy, grimy, badly ventilated, and dark ones. No doubt it is possible to have an inflammation of the nasal mucous membrane, as of the conjunctiva, from some simple irritant, but such an event is rare, whereas the ordinary infectious cold is by far the commonest of all diseases. Surely, therefore, it is important that its infectiousness should be frankly recognized."—*The Literary Digest*.

Mosquitoes Attracted by Sounds.

Mr. Brennan of the Public Works Department, Jamaica, makes the following observation: "You will pardon me for drawing your attention to the fact, if you have not already noticed it, that the mosquitoes (I do not know if every variety) will respond to such sounds as a continuous whoop or hum. I have tied the experience lately, and find swarms gather round my head when I make a continuous whoop. There may be, however, some particular note or pitch that would be more attractive to them." So far as we are aware, this observation is new, and would afford an interesting subject for investigation on the lines of Dr. Nuttall's recent research on the colors attractive to mosquitoes.

Household Medicine in Ancient Rome.

We have recently been reminded of the fact, perhaps not known to the examination-ridden schoolboy of the present day, that Cato the Censor studied Greek in his old age. Perhaps he

did this for the same reason that moved Dr. Johnson to learn Dutch in his twelfth or thirteenth luster, as a test of the integrity of his intellectual faculties. At any rate, it may be assumed with tolerable certainty that he did not do so in order that he might read the writings of the Greek physicians. He was a fine old Tory, and looked upon Greek art and literature with the contempt that Squire Western would have felt for French kickshaws. But Greek medicine was to Cato something infinitely worse—it was an unclean and poisonous thing, and in the coming of Greek physicians to Rome he saw a danger to the commonweal. Yet he himself practiced the art of healing, according to his lights, and in his "*De Re Rusticâ*" he has left us a record of his methods. Pliny, the author of the "*Historia Naturalis*," says that for six centuries Rome was without physicians, though, as he adds, not without physic.

The head of the house was himself the family doctor, and Cato, with his strong sense and hard-headedness, may probably be taken as the representative of the best household medicine known to Romans in the brave days of old. He physicked his two wives, his son and his daughter-in-law, his slaves, his cattle and himself for more than half a century, and had, as may be guessed, very positive opinions on diseases and their treatment. His system of therapeutics was as simple as that of Sangrado, only he used cabbage instead of water. This homely vegetable was to Cato a veritable panacea, given internally, or applied outwardly it was "*ad omnes res saluber*." It cured constipation and dysentery, headache and lumbago, retention and incontinence of urine, pains in the liver and affections of the heart, colic, toothache, gout, deafness, insomnia, ophthalmia, gangrene, abscesses, and nasal polypi. It was as efficacious in consumption as lacinanthes, as potent in cancer as violet leaves.

In short, Cato might have anticipated a famous epitaph, and said of his remedy, "*Nihil quod tetigit non curavit*." But, as in the case of other equally simple-looking remedies of the present day, the secret of the therapeutic virtue of cabbage lay in the mode of its administration. Cato, however, unlike our modern dealers in infallible specifics, makes no mystery of his cabbage cure. He gives full details. For instance, are you afflicted with colic? Take a cabbage; after letting it simmer well in boiling water, strain thoroughly, season with salt, cummin seed, oil, and wheat flour; then put it on the fire again, let it simmer for a time, take it off, and let it cool; take this potion every morning, and during the course of the treatment let your principal food be cabbage.

Dean Ramsay tells a story of a Scotch farmer who, at a tenants' dinner, was asked by a duchess to take cabbage, and excused himself with the delicate insinuation "*Disna your Grace find it a verra windy vegetable?*"

In surgery cabbage was the *sovrain*'st thing on earth for bruises, ulcers, abscesses, fistula, and dislocations. A paste made of cabbage, introduced into the rectum through a reed, was warranted to heal a fistula; an injection of cabbage water mixed with wine restored hearing to the deaf; a decoction of cabbage, inhaled at intervals during three days, made polypi fall out of the nose, and destroyed the roots of the disease. Cato probably knew nothing about "necrosing ethmoiditis," but the most devastating rhinological Attila of our day could not have been more successful in dealing with the nose. It is, we think, a proof of Cato's greatness that, enthusiastic as he is in praise of cabbage, he admits that it sometimes failed to reduce a dislocation. In such a case recourse must be had to a combination of local with constitutional treatment. A fresh reed, four or five feet in length, must be split down the middle and held by two men over the injured limb, the patient himself the while chanting the following words: "Daries, dardaries, astataries, dissunapiter." These exercises were continued till the two parts of the reed united, when they were to be cut in pieces and made into a bandage for the dislocated broken limb.

The cure was to be completed by the daily repetition of one of the following formulæ: "Huat, hanat huat ista pista sista, domiabo, damnaustra," or "Huat haut haut istasis tar sis ardannabon dunnaustra." Both are doubtless equally efficacious, but we should be inclined to put our trust in the former on account of the comforting vigor of the last word. As we have ventured to hold Cato up as an example to a certain type of operators, we may perhaps be allowed to say that his "constitutional" treatment reminds us of the equally futile formula with which, not so many years ago, practitioners of "pure" physic or surgery used to attempt to conjure away local conditions rather than call in the aid of the despised specialist.

♦ ♦

"Made in Germany."

Under the caption of "Comfort from the Sins of others" the Philadelphia Medical Journal recites a case of tetanus and subsequent fatality as the result of quackery in Germany. The Journal says:

"Americans who have studied in Europe are prone to lament the lack of Government supervision of medicine in this country, and the opportunity thus given for all sects to practice their nefarious methods, adding to the woes of the sick, and filling our graveyards with the earthly remains of those who have died all too young. Occasionally, however, something leaks out that serves to remind us that, even in much-educated Germany, the common people love to have the attendance of those who through ignorance and assurance promise cure where cure is impossible,

or exalt the importance of their own instinctive knowledge by deriding the ability of the educated medical profession."

The case which has called forth this preface is, in brief, that of a boy who had his foot crushed under the wheel of a wagon laden with sand. When a physician was called, viewing the danger, he advised amputation. The parents refused consent. An aged quack was called in, and with balsams and oils and other "truck" carried the case along until the threatened tetanus supervened, when he dismissed himself, and a regular physician stepped in in time to close the eyes of the lad. The case was carried into court, which, with the usual lucidity of that arm of precision and justice, freed the quack because "the quack had not caused the tetanus, [and] he could not be punished for his bad treatment, although it was altogether likely that, had a regular physician been accused of the same conduct, he would have been severely punished. The absurdity of the whole matter was that the court contended that because [the "regular" physician], when first called, had suggested the strong possibility of tetanus, therefore, its subsequent development showed that the dirt in the wound, and not the quack, was to blame. We think it would be difficult, even in this country, to persuade any physician to testify that tetanus could be produced otherwise than by inoculation with the tetanus bacillus, or its occurrence in a wound, and that the fault in the quack was not so much the result of his active intervention, although this apparently produced suppuration and local gangrene, as it was in his neglecting reasonable precautions to prevent the occurrence of the disease, such as amputation or inoculation with antitetanic serum, both measures so well recognized by this time that their neglect is criminal. After all, the case shows that perhaps we are not much worse off than our older cousins on the other side of the Atlantic, if this is any satisfaction."

Our own contention has been all along that America is fully as competent to teach medicine as is any foreign country, and especially Germany or Austria; that in America, where the individual still has his individual rights, there is greater care exercised in the treatment of his case, than in paternalistic empires—where the individual is lost in the mass. During our last visit to Germany we were unpleasantly impressed with the manifest indifference to the clinics as they were brought into the amphitheater. Modesty and respect were painfully absent in the treatment. In one instance, especially, the ablation of a breast, we noted the lack of rudimentary knowledge of anæsthesia—or perhaps this apparent lack was an advanced knowledge in the giving of the anæsthetic—and the curt commands and ungente handling of the woman. No American woman would have submitted; or, having submitted by force of her immediate necessities, would in time have found

some percentage-lawyer to sue that man or that hospital. Which brings us back to another hobby of ours, to wit, that the material of these surgical clinics, obstetrical clinics, and others, abroad, are not of a kind to teach an American anything very excellent in the handling of *his* cases, when he casts his fortunes among the paying, respectable classes of America. Let us keep our young men at home, and teach them something beside atheism in medicine and religion.

♦ ♦

When do I Want You Most?

BY DR. GEO. F. BUTLER.

When do I want you most?
Why, dear, at morn,
When the first sunbeams on the hill
Shake out their glit'ring fringe,
And all the sky is tender yet
With dawn's dull, roseate tinge,
When every fluted blade and leaf
With fairy gems are strung,
Then is the time I want you most,
Because the day is young.

When do I want you most?
Why, dear, at noon,
For then th' enchanted meadows smile,
As if it yet were June.
A hundred fields of bloss'ning flax
Are blue as when I came;
The oriole flashes up the sky
In narrow lines of flame.
When the white roads are drenched with
sun,
And the pine woods scent the air,
Then is the time I want you most,
Because the day is fair.

When do I want you most?
Why, dear, at night,
When by the stars that rise for both
I read your love in light.
When Memory tells its rosary,
And days we did not share,
Slip silent on the silken string,
Like beads without a prayer.
When fire-flies light their fairy lamps
To lead my longings on,
Then is the time I want you most,
Because the day is gone.

—Through Dr. W. E. Green of Little Rock we learn that the Department is advised through minister Buck of Tokyo, under date of December 12 last, that on July 20, 1899, the Central Sanitary Council resolved not to permit the practice of homeopathy in Japan.

* A tribute to the Doctor's Wife, in *Love's Medical Mirror*.

"Unfair Reading Notices."

One of our exchanges, and apparently one of the most prosperous, if judged by the number of pages of printed matter furnished each month and for a ridiculously small price, has adopted the fashion of answering inquiries concerning treatment in difficult cases by recommending certain of its advertisers' products and none other. Some of these patents—or proprietaries, at any rate—are to be found in almost every prescription which the sapient editor writes for his inquiring reader. This leaves the unpleasant inference that either the editor is financially interested in the proprietaries he advocates, in season and out, or else he is not a medical man. If the former, then it follows that he is not a safe guide to any inquiring medical man, for, blood being thicker than water, and a silver dollar heavier than an ethical idea, the recommendation is valueless because it is not honest—the trail of proprietorship being over it all. If the second, then all the more the editor should refrain from advocating medicines—patents and proprietaries—since he knows nothing of their ingredients, or, if he does, does not know their value or harm when poured into or rubbed on the human body.

It would seem to a rival editor—in a small way—that the other advertisers of that same journal ought to be given a few opportunities to help the anonymous doctor from Podunkville in curing some of his wonderfully diagnosed cases. But we rarely see them mentioned except in the obscure, strictly business end of the magazine; while the others, the favored few, are found in the Correspondents' Column, and even rise to the dignity of editorial mention. It has become so flagrant—this unfair running in of a few proprietaries in every case, and in the editorials—that history will soon repeat itself in this journal and readers will adopt the plan forced upon the reading world some years ago with the St. Jacob's Oil advertisements; these had become so thick and plentiful, were so cunningly conceived and concealed, that it was not safe to read anything in a printed page without first scanning the tail of the article to note if it be not an ad. for this oil.

We have no wish to be quoted as saying, even by inference, that the proprietaries mentioned are not good, nay, first-class. Many of them have been seasoned by age and experience. But we appeal for fairness and justice to the other advertisers who presumably pay their proportion of the ad. space in the journal. It seems ridiculous to push forward and into every inquiry Sanmetto (original package), Chionia, Ectol, Bromidia, Iodia, Seng, Lithiated Hydrangea, Pil Quin, Dad, Neurilla, and a number of others. What's the matter with Hydroline, Hayden's Viburnum Comp., The "Oncome of Age" Hypophosphites, Antikamnia, Angier's Petro-

leum Emulsion, Arsenauero-Mercauro, Marchand's opposite-first-page Hydrozone, The vormal's Farben-Fabrik of Elberfeld, Mellin's Food, Bovinine, and the many, many others as prominently in the medical journals and just as good as the half dozen which are pushed to the lime-light front in every issue?

♦ ♦

An Unprofessional Cure for Cancer.

The lumber room of medicine is filled with the many cures for cancer which have had their passing moment or day, to give way to others more recently discovered, in turn to be turned over to the custodian of Exploded Medical Fads. In our country the ozone treatment bids fair to hold the lime-light front of the public stage for a small fraction of time; and presently to follow the other sad procession of medical failures.

The London Daily Mail for November 11 says that cancer alone among diseases has increased with civilization, and has defied every medical effort at cure. Dr. Roswell Park is quoted as saying that if the present relative death-rates are maintained during the next ten years there will be more deaths from cancer than from consumption, smallpox, and typhoid combined. It seems that King Edward has within the twelvemonth offered the highest honors to the discoverer of a cancer cure, which has apparently resulted in the discovery, not along lines of scientific research, but in an old woman's cure-all.

The story is as follows: Lady Margaret Marsham, who is sixty-seven years of age, was for four months ill with an affection of the throat which the doctors pronounced cancer. This diagnosis was supported after analysis by a London specialist, the analysis being made at the laboratories of the Clinical Research Association. Lady Margaret became so bad that her throat nearly closed up, nourishment had to be artificially administered, and her death was expected in a week. At this point a neighbor, the daughter of an old friend, Lady Mary Ross, recalled a story she had heard when a child, that cancer could be relieved by an infusion made from violet-leaves. It was not expected that this would cure, but only relieve the pain. Lady Anne Marsham, sister of the patient, obtained the recipe, and, as a forlorn hope, determined to try it.

This recipe was exceedingly simple, and ran as follows: Take a handful of fresh green violet-leaves and pour a pint of boiling water upon them, cover them, and let them stand twelve hours, until the water is discolored and green. Then strain off the liquid, dip a piece of lint into the effusion, of which a sufficient quantity must be warmed. Put on the wet lint hot, wherever the malady is. Cover the lint with oil silk or thin mackintosh, and change it whenever dry or cold. The infusion should be fresh about every alternate day.

The effect was, in Lady Anne's words, "almost like a miracle." Relief was immediately obtained. A large, hard external tumor disappeared in a week. All pain ceased, and the cancerous growth in the tonsil disappeared in a fortnight. The apparently dying woman is now in good health and able to travel and visit her friends.

The most striking part of the story is that there can be no possible doubt of the disease really being cancer. Many alleged cures on other lines have been ignored, because there has been a doubt on this point.

Lady Anne Marsham, writing on November 6, said it was marvelous that the remedy should have come just in time, as at the time it was begun the patient could hardly speak or swallow, and was not expected to live a week. There is no doubt about its being a case of cancer—the correct name is "carcinoma"—and the specimens taken from the throat have been freshly examined by the head of the Pathological Society and again pronounced to be cancer.

If this be true, and we extract the foregoing from the (London) Homeopathic World, which publishes the cure without comment, a wonderful remedy has been found close at hand, and without the aid of the millionaire chemical factories, or from the "Made in Germany" formerly-some-paint-factory institution. Let us all hope that the remedy may be efficacious; and even though it be not a total cure, that it may at least ameliorate the frightful, agonizing sufferings which every practicing physician has been called upon to witness, and found himself almost wholly powerless to assuage.

♦ ♦

The Laboratory vs. the Bedside.

The attempted substitution of laboratory methods for bedside judgment has been the subject of more or less discussion in the more recent past with certain of our profession; and, unhappily, it seemed that most attention was given the grave problems involved, by the vast minority. The majority, as has always been, the custom in all ages, has been content to float with the tide; and this tide has been professionally, in the direction of laboratory methods, chemical-factory methods, Made-in-Germany methods, and all those other pseudo-scientific methods which have been crowding themselves to the medical front. But the fad has nearly spent itself. Saner methods are beginning to be urged: the inevitable rebound is at hand; and we do not hear and read quite so much concerning the infallibility of the microscope and of chemical substitutes for one and another old-fashioned procedure. So long as the opposition to the laboratory diagnosis came mainly from the homeopathic school, little attention was paid thereto. Latterly, however, there have appeared a series of well-thought-out papers in some of

the more prominent old-school journals, in consequence whereof the discussion is waxing warm and curious.

The North American Journal of Homeopathy for December speaks editorially as follows, which is a terse and epigrammatic statement of the prevalence of the fad, and gives reason for hope that we of this generation may live to see a total rebound from the laboratory methods to the individual method of the experienced practitioner:

"Plague has again appeared in Glasgow. There have also been a few cases in Liverpool. The constant cropping out of cases of this disease in various parts of the world should keep our quarantine officers on the lookout.

"The prevalence of smallpox all over the country, and the wide distribution of typhoid fever this fall, seem like satires on our boasted methods of prophylaxis.

"Plague is another disease not particular about climatic conditions, and is certainly among the possible scourges.

"All these things go to show that we are still a long way from knowing all there is to know about the spread of disease. There has been a tendency of late years to relegate the study of this vast subject to the biological laboratory to the neglect of bedside investigation. What is needed now is a recrudescence of bedside work. Great clinicians are scarce. The list of those at work to-day is brief. Great laboratory diagnosticians, like great surgeons, are thicker than snowflakes in a blizzard. Is not every member of every medical graduating class either the one or the other? And the homeopathic side of the profession is no better than the other side."

♦ ♦

"A World of Sweet Sympathy."

Here's a bit of queer literary mosaic from Love in his Medical Mirror:

"My heart goes out in sympathy to Dr. W. C. Cooper, the noble physician, the gentle poet of Cleves, Ohio, who, I learn, has lost his only daughter, a beautiful, noble woman, who had been the comfort and inspiration of her father's life from her birth. Only the father of a sweet and loving girl can know his awful loss. May her sweet memory comfort him, and may the God who robbed him make effort to comfort him and compensate him in some way. And yet, my dear Cooper, you have been saved the horror of some worthless scoundrel taking her from you—thank God for that!"

What a world of sweet sympathy there lies hidden in these few lines! And the concluding thought—is it not pregnant with the infinite possibilities of the modern age—in trusting your daughter with a man of the day to do with as he likes!

The Age of Miracles.

New Jersey seems to be forging to the front for other honors besides being the home of trusts, of the Camden antitoxin flare-up, and of our Kinne.

"The age of miracles [says The Medical Examiner] has apparently been revived in New Jersey. A veterinary surgeon in Burlington claims to have discovered a well-developed case of appendicitis in a goat. The doctor, in operating upon the animal, found the heel of a rubber shoe wedged in the appendix. The goat did not survive, but the doctor is confident that the chances of recovery would have been good, had he been able to operate a few hours earlier."

Ah, me! Yes, indeed: "The saddest words of tongue or pen are these sad words, It might have been!" There wa'n't even time to try the sweet-oil treatment, internally, up-ternally, or externally.

♦ ♦

Vomiting an Early Diagnosis in Scarlatina.

With the multiplicity of new disorders—thanks to the prevalence of serum-therapy—it is pleasant to be reminded occasionally of the older forms of disease, to combat which successfully we all "boned" our books and listened to experienced professors. Scarlatina is one of the perennial diseases with which every practitioner must "tussle," and anything tending to increase our knowledge of its early diagnosis and treatment will be welcomed. Hence we copy the following from the Charlotte Medical Journal:

"The diagnosis of eruptive fevers at the onset is often so delicate, especially in light forms, that it is useful to report the slightest symptoms. Valli-Attili especially notes the occurrence in scarlet fever of vomiting entirely different from that observed in other eruptive fevers. The vomiting occurs very early, before any other morbid manifestation, and in the absence of any previous gastric troubles; it surprises the child in the midst of play and before the appearance of headache, malaise, fever, or initial angina. In a number of cases of scarlet fever without exanthema, the diagnosis was decided solely by the vomiting and the angina following it. The proof that this symptom belongs to the scarlet fever and not to an ordinary angina is that several cases of angina where it existed were complicated with nephritis, and that children subject to recurrent angina never vomited until the day they had scarlet fever and its characteristic angina."

—The latest definition for castor oil, says The Medical Gleaner, is to go 'way back and sit down.

Comments.

The mild character of smallpox attains all over the United States, which country never had so much smallpox in its history as at present.

From June 28, 1901, to December 6, 1901, smallpox was present in thirty-eight States and Territories, Ohio leading with 3466, then follows Minnesota with 2245, Tennessee with 2155, and Pennsylvania with 1614, the grand total of cases occurring during that period in the United States being 15,549, with total deaths of 502, making a death-rate of about 3.22 per cent.

The reason of the mild character of smallpox throughout the country is not definitely known, but I suggest that it is largely due to the hereditary transmission of immunity. We all believe that the tendency to tuberculosis is transmitted from parent to child, and when we take into account the fact that the Anglo-Saxon race is a well-vaccinated race, and has been for several generations, it seems rational to believe that the immunity may be hereditary.—Walter D. Green, M. D.

[A clever suggestion, but why the fact "never had so much smallpox in its history?"]

There should be no doubt in the minds of physicians—general and special—as to the benefits that accrue from the introduction and proper observance of aseptic gynecological surgery in institutions devoted to the care of the insane. The state should see that its wards are properly safeguarded against unnecessary operations, such as the removal of normal ovaries for their possible effect upon a disturbed mental condition. That this has been done occasionally by surgeons I have reason to know and the results have been decidedly harmful, not only to the patients, but to the establishment of gynecology as one of the regular methods that should be employed in institutions where many women are incarcerated, and who, without the aid that gynecology can give, are doomed to suffer untold misery as long as their existence endures.—A. T. Hobbs, M. D.

There is one remedy I have found beneficial internally for these goiter conditions—and it was a remedy I was taught to use by Dr. Baker in spinal troubles and difficulties of different parts of the body—and that is ergot. I find it to be a most precious remedy in goiter. You may give it from the 6th to the 8th. For a local application in such cases I would not hesitate to put fifty per cent. of ichthyol in lanolin ten to twenty-five per cent. and rub it in thoroughly, or apply it as a plaster. What is better than *secale* in multiple neuritis, and in a neurotic condition generally? It is a grand remedy where we have neuroses.—H. F. Biggar, M. D.



To Read the Tongue.

So old a thing as the tongue, and so much studied and from so many viewpoints, still presents to many in our profession a constant source of interest and information. The following are a number of clear-cut indications for reading this most virile organ, and which we credit to the *Jour. of Med. and Surg.*:

"The perfect tongue is clean, moist, lies loosely in the mouth, is round at the edge, and has no prominent papillæ. The tongue may be furred from local cause or from sympathy with the stomach, intestines, or liver. The dry tongue occurs most frequently in fever, and indicates a nervous prostration or depression. White tongue is diagnostic simply of the feverish condition, with perhaps a sour stomach. When it is moist and yellowish-brown, it shows disordered digestion. Dry and brown indicate a low state of the system, possibly typhoid. When the tongue is dry and red and smooth, look out for inflammation, gastric or intestinal. Sharp-pointed red tongue will hint of brain irritation or inflammation, and a yellow coating indicates liver derangement. When so much can be gained from an examination of the tongue, how important it is that the youngest child should be taught to put it out so that it can be visible to the uttermost point in the throat."

Combination Tablets in England.

"Some time ago a correspondent [says the (London) Monthly Homeopathic Review] directed our attention to the introduction by certain chemists of compound tablets—that is, tablets containing more than one medicine. We then expressed our strong disapproval of such, as being against the principles of homeopathic treatment, namely, the use of only one medicine at a time. We have now had sent to us the catalogue of an American chemist at Chicago, in which a list of no less than seventy-eight 'compound tablets' are advertised. In one of these *arsenicum iod.*, *aurum iod.*, *chinin*, *arsen.*, and *sabadilla* are combined. In another *phosphorus*, *sanguinaria*, *tartar emetic*, and *morphinum sulph.* are combined, and so on. If this is not a return to the antiquated polypharmacy of bygone days, we should like to know what it is. It is totally against the 'single remedy' of homeopathy, which is one of its vaunted and important features. Our American cousins can take care of themselves and we make no suggestions to them, but when it comes

to these preparations being sent to this side of the water we strongly object. Purity in prescription and the use of one remedy at a time are essential in homeopathic practice, and we trust that none of our colleagues will be deluded enough to employ these compound tablets. If these are used, all accuracy in treatment will vanish, and our friends of the old school cannot be blamed for using 'mixtures' and compound pills."

[Did our distinguished editorial brethren of the Homeopathic Review not note the literature accompanying, in which this Chicago chemist claimed that the compound tablets were the discovery of a prominent homeopath, and are now in use by this and ever so many other eminent homeopaths, the world over? We fancy that this circular must have been part of the shipment, since it usually goes with each package. And it would surprise our foreign homeopathic editorial brother still more could he walk into the office of, well, let us say, one in a thousand "homeopathic" physicians, and note the line of vials containing these compound tablets ranged upon a convenient shelf or desk. And some of these one-in-a-thousand are professors in homeopathic colleges. But if anyone should charge them with dishonesty and as not being homeopathic, their answer would be—as it usually is—"we are not practicing medicine for our health; we use everything that will cure, regardless of dogmas, sects, creeds, or any other old thing. These anti-constipation wafers will move the bowels—and that's what the patient's want. This pill will stop the headache, and the patient is grateful." But why blame them, dear brother? You cannot pour that out of a jug which has never been put in.]

The Men's New York Homeopathic College.

"Demand for our November issue [says The Cresset] exceeded the publication, owing to the desire on the part of a number of students at the Men's New York Homeopathic College to read the article on 'The Causation of Nervous Diseases.' We have therefore reprinted Dr. Starr's article in this number, by request of Dr. J. T. O'Connor."

[Now, then will you be good, youse students of the Men's New York Homeopathic College? No doubt, whatever, that there was a great demand for Brer. O'Connor's article; he always writes a paper that is gilt-edged, and required no aid from glue-pot or scissors. But The Men's New York Homeopathic College! Go to! Selah.]

More Light for Old England.

"Acetylene gas lamps are being introduced into the omnibuses of London [says the Scientific American] in place of the disagreeable oil lamps which have hitherto been used. By this means the interior of the vehicle will be illumined by a bright white light. Contracts for two thousand acetylene gas lamps for this purpose have been placed with the Phos Company by the various omnibus companies, and the work of installing them upon the vehicles is proceeding rapidly."

[Truly, progress in Old England travels with a leaden heel. Perhaps, if the American-capitalized Tuppenny Tube—the electrical underground railway—continues to extend its ramifications still farther and farther under London, with its speed, cleanliness, and cheapness, the dirty, cumbersome, snail-paced omnibuses in the streets will make a few efforts at improvement, in order to retain some of their former trade. The light, ventilation, convenience, comfort, and speed of these lumbering vehicles are everything that is undesirable. They are as much out of place, these relics of a former vehicular age, as a bobtail horse car in New York or Chicago, at the present day.

With the rapid advent of American styles in locomotives and railway coaches let us also hope that soon some form of acetylene gaslight will be introduced into night coaches in place of the deadlight which is thrust into the roof of the car from outside, and is too light to permit of sleeping and too dark to read by. Travel in one of these night coaches in Europe is a distinct torture to a sensitive soul, and naught but the most absolute necessity should tempt a traveler to ride in them after nightfall.]

Book Reviews.

Libertinism and Marriage. By Dr. Louis Jullien (Paris), Surgeon of Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Size of page, 5½ by 7½ inches. Pages, v+169. Extra cloth, \$1 00 net, delivered. Philadelphia: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

By no means a bad book, or even a poor book, though its title is misleading, since it is merely a treatise on the usual shady disorders of men and women, who should not put themselves in danger of such diseases. It is of French origin and may, therefore, be assumed to contain much that is original and in a very graphically described manner. The word, "Blennorrhæa," occurs so constantly throughout its pages that

one is almost tempted to wish that that had been given as a title to the book. In that event, however, it might provoke legal difficulties perhaps, in that it be mistaken for that other novel "Blennerhasset." All attempts at fine writing aside, the book—"Libertinism and Marriage"—is well written; it dishes up the old subject in new word-forms, and is attractive as this subject invariably proves to be—to the young physician, and to some others.

◆

Suggestive Therapeutics and Hypnotism: Being a Special Mail Course of Forty-one Lessons and the Uses and Abuses of Suggestion. By Herbert A. Parkyn, M. D., C. M., Principal and Founder of the Chicago School of Psychology. The First School of its Kind Established in America. Editor of the Monthly Magazine, Suggestion. Third Edition. Chicago, Ill. Suggestion Publishing Co., 1900.

This is a large book, printed on cheap paper and as cheaply bound, with an excellent frontispiece portrait of the author and his sign-manual attached. We very much suspect that this is merely a clever advertisement for the handsome author's system of psychology and his school and journal. But all that admitted, the pages contain much that is of interest to the physician in a subject which is keeping the laity very much exercised and interested. The author writes in pleasing, popular style, and is undoubted master of his subject. No harm can come of the physician owning this book, and looking it over with a view to learning something from a master in his own specialty.

Lippincott's Magazine continues to be a fine monthly with a completed story in each issue. In addition it carries other completed stories of equal merit, while its Walnuts and Wine department is filled with choice tid-bits, stories, book notices, and the like. "Naughty Nan," the completed story of the last issue, will suit that element in the reading world which is overly afraid of any story which attempts to describe its characters or the scenes among which they move, for fear of being preached to. The story deals with but few characters, and these move through the pages with great celerity and coherence. It is a peculiar love story and takes hold on the reader.

◆

Hay Fever, and Catarrh of the Head and Nose, with their Preventive and Curative Treatment. By E. B. Fanning, M. D. Philadelphia: Boericke & Tafel, 1901. Price, in cloth, 75 cents.

This is another of Boericke and Tafel's vest-pocket edition of books—perhaps a rather large vest-pocket—which is built on the personal experience of the author (with himself as patient) and has added to it the correlated conditions and remedies which his practical experiences have found of greatest value. The author takes up the allied subjects and disposes of them in fine

fashion, handling with a master-hand the vexatious problems of climate, diet, clothing, and all those many other bothersome questions which assail the up-the-stump physician who has tried for a number of years to find new answers to these ever-presenting questions. Dr. Fanning gives some very plausible replies, and the reader will be pleased with his happy manner of disposing of them. The style of the book is pleasing and appeals as a professional record as well as a personal chronicle. The treatment is homeopathic and goes to the core of the trouble with every prescription. He is averse to all local treatment—douches and the like—classing them as worse than useless. We congratulate Dr. Fanning upon his excellent little treatise, for it is filled with good, sensible, practical points.

◆

A Treatise on the Acute, Infectious Exanthemata. Including Variola, Rubella, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P. Lond., Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 colored plates, 28 half-tone plates from life, and 2 engravings. Pages, viii+392. Size, 6½ by 9½ inches. Sold only by subscription. Price extra cloth, \$4.00 net, delivered. Philadelphia: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This book treats of an ever-young and still forever-old subject. The medical shelves are filled with books and treatises upon the same perennial topic. The author says: "The present volume is the outgrowth of a need for such a work felt by the author when young in the practice of medicine. A keen recollection of the difficulties—not to mention the discomfort—in encountering the acute exanthema has prompted him during subsequent years of clinical teaching to give special prominence to the differential diagnosis, and, when possible, bedside instruction in this class of affections." He then proceeds to enumerate the dangers which hedge the physician in the study of the acute diseases, and hopes by his treatise and the proper illustrations, of which there are many and some in color, to obviate this necessary danger, and still give all that is practically requisite for the general practitioner to know—in order to protect himself and his other patients. That this is one of the most important points will appeal when some of us remember what difficulty has been experienced in the State of Ohio to decide certainly as to whether it was chicken-pox in one locality and smallpox in another. Dr. Corlett is a successful specialist, and his instruction in the Western Reserve University is original, popular, and graphic. If the book were valuable for no other reason, it is certainly worth its price many times over for the perfect presentation of the smallpox question, with its half-tone

plates, and its colored pictures. A study of these from these pages, accompanied by the very lucid letterpress, makes the subject as intelligible, almost, as an attendance upon one of the author's lectures with accompanying lantern slides. It is an interesting as it is a valuable book, and deserves a prominent place on the working-shelf of the general practitioner.

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History of Medicine. A Brief Outline of Medical History and Sects of Physicians from the Earliest Historic Period, with an Extended Account of the New Schools of the Healing Art in the Nineteenth Century. And Especially a History of the American Eclectic Practice of Medicine, never before Published. By Alexander Wilder, M. D., Honorary Member of the Liverpool (Eng.) Anthropological Society; Vice-President of the "American Akademie"; late Professor of Physiology and Psychological Science, and Secretary of the National Eclectic Medical Association of the United States; Member of the New York Medico-Legal Society; President of the "School of Philosophy," and Member of other Philosophic, Reformatory, and Scientific Societies, etc., etc. First Thousand, New Sharon, Maine. New England Eclectic Publishing Co., 1901.

This is very nearly a historical novel in the best acceptance of that term, and would be such if the word "novel" might not be interpreted as a romance, built upon a few flimsy, sleazy, twisted, historical facts in order to give the "novel" a tenuous standing in the courts of the reading people. Dr. Wilder, however, has given a historical work which is filled from cover to cover with valuable information for any literary doctor—and there are a goodly number of these among the mere bread-winners of the profession. His delving into the past of medicine, and tracing it up to the present day, is in every way interesting and valuable. The author possesses the very admirable trait of handling disagreeable phases of his subject—those unhappy and narrow-laced persecutions of his own and kindred medical sects—which appeals at once for his fairness and love of the matter in a general way. The picture of Dr. Wilder, as given in a frontispiece, shows him to be a large man in soul and purpose, with whom no narrowness could find lodgment, and upon whom no petty concerns of rival schools could make a very deep impress. All through his book he is charmingly conservative, evenly balanced, and truthful. It is a work upon which the happy author may in safety rest his life's work.

♦ ♦

Practical First Principles. Simplifying the study of normal and abnormal structure and function, and aiding diagnosis. Designed for the use of students and practitioners of medicine. By A. H. F. Leuf, M. D., associate editor of The Medical Council, Philadelphia. Published by The Medical Council, Twelfth and Walnut Streets. 8vo, 105 pages, nearly 50 illustrations, almost all new and original. Price, \$1.00 net.

Perhaps the best definition of this book, and its purposes, is contained in the following, copied from a leaflet accompanying the book:

"It is original in conception, is true, and

recognizes the detached mode of instruction now and always in vogue in the teaching of medicine, on which account it has been offered to the profession to make up this deficiency by supplying the connecting links between the various departments. To the student beginning the study of medicine, it gives a comprehensive résumé of some of the most important principles which he has to continually apply, easing his understanding and greatly simplifying his studies. It teaches underlying principles and their general application, so that a fact learned of one tissue applies equally to all. Thus inflammatory processes are divided into acute or chronic, and parenchymatous and interstitial. Once the easily remembered facts of these inflammatory changes are understood of one tissue, they become applicable to all, so that if the histologic structure and the function of a part are known, its significance and symptomatology may be quite accurately inferred."

The book is not large. It is not an encyclopedia of 'steen volumes at one dollar down, and forty-three monthly payments of four dollars each—if the subscriber will cut the triangle off the page and mail it with his first payment. Dr. Leuf is one of the talented editors of the Medical Council, of which Dr. J. J. Taylor is the chief high priest—and as everybody knows a most broad-minded, liberal-hearted doctor and editor. This applies, with no limitation whatever, to Dr. Leuf, who is associate editor. We sincerely believe that the medical student—and here we digress for a moment to say that that expression means not only the student still polishing the benches of his college, but that greater class of students who have been out in the world of practice and hard propositions, and find so many, many times that the things which were taught with greatest assiduity and preciseness have been of so little value to them, while the things, the thousand and one things, with which they come in daily, hourly contact in the warfare with disease and death were ignored, or slopped over because too common and not sufficiently gilded to show off the erudition and forensic ability of the professors. This little book of Dr. Leuf's is "reeking" with practical information. Not a page of it may be skipped. It is a good book for the busy practitioner to carry in his overcoat pocket on his long journeys in the country, to browse in at odd moments, and so fasten and eternally rivet the underlying principles of his profession, which have been at loose ends with him, or have never been closely gathered up since his escape from the examinations, and more examination, on "the carpet" of the medical college. Certainly, we admire and recommend this little book.

—On January 27, Dr. James B. Brown of Chicago was married to Margaret, daughter of Mr. and Mrs. Quinton P. Harris. Congratulations.

Announcement.

American Institute of Homeopathy.

Office of the Secretary,

100 State Street,

CHICAGO, February 20, 1902.

The President of the American Institute is able to announce that it is now possible to forecast, to a great extent, the conditions which will attend the holding of the fifty-eighth annual meeting of our great National Association, to be held in Cleveland, Ohio, June 17-21, 1902.

The local headquarters will be at the Hotel Hollenden, which is one of the finest hotels in the United States, and in its arrangements and appointments is peculiarly well adapted to the purposes of the meeting. The house and its furnishings may be termed elegant, and its cuisine is of the best. A new addition is being built, which will be ready for occupancy in June. The hotel will accommodate 700 guests. A special reduced rate for rooms will be made for Institute members. The Hollenden is on the European plan. The Colonial, across the street, is another first-class hotel, and can accommodate a large number. It is on the American plan. Other smaller hotels are conveniently near.

The hall for the meetings, in the Chamber of Commerce building, not far from the Hollenden, is splendidly adapted to the Institute's purposes. The hall is large—seating one thousand—it has attached to it numerous committee-rooms, and, what is of especial interest and importance, it is quiet, being entirely out of hearing of the noises incident to traffic in busy city streets.

At the present time there is favorable prospect that the several allied societies will combine with the corresponding Sections of the Institute, by mutual agreement between the officers of the various bodies, so that this year their work will practically be a part of the work of the Institute. This is looked upon as being a fortunate arrangement, and one which will add greatly to the interest of the coming meeting.

It is hoped to have as a special feature of the meeting a "College Alumni Conclave." This, if arrangements are completed, will be under the auspices of the Institute authorities, and, while affording every opportunity for the enjoyment of the occasion, it will differ in important respects from alumni reunions which have been held in the past. The alumni of the various colleges will, upon arrival in Cleveland, register at headquarters, which will be provided for them by the Committee of Arrangements, at the Hollenden. On Thursday evening the General Conclave will be held at the Chamber of Commerce Hall. It is especially desired that the women graduates of our co-educational institutions shall take part. The programme for the evening's entertainment will be arranged by the Special Committee, acting in conjunction with the Institute authorities. The

entertainment will consist of appropriate music, orchestral and quartette, and the singing of college songs, together with brief speeches by representatives of the various colleges. In addition to this feature the local committee of Cleveland will, for the several days of the meeting, provide appropriate entertainments of various kinds, which, while not conflicting with the Institute sessions, will afford diversion suited to all.

The location of Cleveland is especially favorable. It is easily accessible from the East, from the South, from the West, and from Canada. It is a convenient common meeting-place for all. It is, as yet, too early to announce the arrangements that will be made with the various railroads in the matter of reduced rates of fare. These will be made known in due time.

Cleveland is a city which is more than usually well adapted for convention purposes for a body the size of the American Institute of Homeopathy. It is pleasantly located on the shore of Lake Erie. It has wide streets lined by many shade-trees, beautiful drives and parks, fine hotels, golf links, club houses, and every attraction possible to offer by any place aspiring to entertain such a body as our national organization. The local profession is united, harmonious, and enthusiastic in the work that is given them to do. They are making every preparation and looking forward with anticipations of the greatest pleasure to becoming the hosts of the Institute on this important occasion. There is not a cloud in the sky. All promises well, and there is every prospect that our meeting in Cleveland will be a large one in the matter of attendance, harmonious in its labors, enthusiastic in the spirit that will prevail, and in all respects one of the most successful ever recorded in the history of the Institute.

The Executive Committee is thoroughly convinced, and more than ever satisfied, that in the best interests of the Institute it has made absolutely the wisest choice in selecting Cleveland for the next place of meeting.

CH. GATCHELL, M. D., *Secretary.*

JAMES C. WOOD, M. D., *President.*

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Philadelphia Pellets.

Dr. Gustave A. Van Rennep has returned from his wedding tour through California, and has resumed his practice at 1616 Chestnut Street, Philadelphia.

On Tuesday, February 4, the H. K. Mulford Company very kindly took the members of the Senior and Junior classes out to Glenolden where their laboratories are situated.

The students were given a most excellent opportunity to see how this company prepares its vaccine and antitoxin.

Every man in the company was well repaid for the afternoon's trip as the reception given by

the company to the boys, with the opportunity of seeing this work in a well-conducted laboratory, was both pleasant and profitable.

Dr. Gatchell of Chicago was the guest of the Hahnemannian Institute on Wednesday, 5th, and delivered a very entertaining and instructive address before that body in the evening. The doctor is assured of a cordial welcome every time he visits Philadelphia.

The annual dance of the Hahnemannian Institute was held in the Century Drawing Rooms, Friday evening, February 7. All present had a most enjoyable time.

Dr. Raymond Harris, Assistant Instructor in Chemistry, was very seriously injured, by being struck by a fire engine. The doctor was on his way to call upon a patient, and in crossing a street was run down by the engine, which passed across the doctor.

He was taken to the Hahnemann Hospital and, on examination, it was found that the skull was fractured. After trephining the doctor returned to consciousness, and hopes are entertained for his recovery.

Dr. P. Sharpless Hall, has not been able to deliver his lectures on Pathology for several weeks, owing to a severe attack of laryngitis.

A Junior claims that, if bacilli are called Paris (Pari) cites in France, and Germs in Germany, they should be called Mick (mic) robes in Ireland.

Case I.—A lady, who upon the least exposure would contract a severe cold which would last for months and was accompanied by considerable fever. The lady was treated by Regulars until there was a stomach insurrection, and then she called upon a Homeopath, complaining of the tendency for cold-catching, but more particularly of a taste as of bad or rancid tallow. The first prescription of pulsatilla worked a complete cure.—Haines.

Case II.—A case of persistent vomiting did not respond to all that the Regulars could do. From 5 to 10 grains of mercurius corrosivus (3-6x) placed in a cup of hot, not boiling, milk, and swallowed; this was promptly vomited. The dose was then repeated and it remained in the stomach, and a cure was effected. Very often it is unnecessary to repeat the dose, as the first dose is not vomited.—Haines.

When cantharis fails in burning urination, and a pain extending from the glans to the root after urination, and in the uric-acid diathesis, sarsaparilla is very useful.—Haines.

In lumbago from cold and wet, and in enlargement of the cervical glands from the same cause, dulcamara is well indicated.—Haines.

Dr. J. W. Hassler has resigned from his position as anæsthetist in the Hospital, and is now devoting his time entirely to his private practice and to college work.

Five Juniors are being sought for by the police, but without avail. Their boarding mistress contracted a severe case of smallpox, and they promptly jumped the quarantine.

One of the leading physicians of the College advises all who have a predisposition for attacks of influenza to be constantly provided with a vial of gelsemium and a menthol-inhaler.—Goodno.

The Ustion Fraternity gave a most delightful smoker and spread to their friends at the home of their president, Dr. F. J. Douglass.

The College Y. M. C. A. has been reorganized and has elected officers for the ensuing year. Chas. Seifert, President, will no doubt keep the interest up to fever heat. The faculty has kindly permitted the Association to use Alumni Hall for its meetings.

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Pulte Particles.

It will take only a few weeks more before the addition built on the Pulte College Building will be completed.

After several months of delivering lectures in the extemporized lecture rooms, necessitated by the fire last summer, both lecturers and students will be glad to use the new lecture rooms and laboratories. But better than these is the addition planned for hospital use. General and private wards, and a thoroughly modern operating amphitheater, will make old "Pulte" more attractive and practical than ever.

Dr. A. Babendrier, lecturer and demonstrator in chemistry and urinalysis at Pulte, resigned his chair several weeks ago to settle in practice at Georgetown, Ky. Dr. W. H. Smith will take the chair left by his withdrawal. The last meeting of the Cincinnati Homeopathic Lyceum was held on February 13. The topics under discussion was as follows: "Clinical Diagnosis of Ulcer of the Stomach," Dr. F. W. Fischback; "Chemical Analysis in Ulcer of the Stomach," Dr. A. Babendrier; "Therapeutics and Dietetics in Ulcer of the Stomach," Dr. Ellen M. Kirk.

Dr. P. T. Kilgour of College Hill has refitted and modernized his offices and home in that suburb. Modern electric appliances in his office and laboratory, for bacteriological and chemical work, makes his place as up-to-date as possible.

After a two-weeks illness Dr. Walton is reported doing nicely, and he will be able to resume his work in practice and at his college lectures, where he has been greatly missed.

Globules.

—The students of the Homeopathic Medical College of Missouri have an Indiana Society of Homeopathy "in their midst."

—Dr. Malcolm E. Douglass of Baltimore is officed at No. 7 West North Avenue, with his private sanitarium giving special attention to nervous diseases. Dr. Douglass is author of some excellent homeopathic literature, which is being well received by the Old Guard, and not rejected by any means by even the newer Landwehr.

—The Cresset, the mouthpiece of the New York Medical College and Hospital for Women, for January, 1902, has reached our table. This is the first number with which we have been honored though it seems to be in its fifth volume, and we find it a bright, spicy, and altogether lively little monthly. We hope it may come again.

—The Local Committee of Arrangements for the American Institute of Homeopathy, with Dr. G. J. Jones, chairman, met the Executive Committee at a dinner given at the Century Club, Cleveland, by the President, Dr. James C. Wood. There were present Drs. Wood, Jones, T. F. Smith, Gatchell, W. A. Smith, Baxter, Baldinger, Kraft, Jewitt, Schneider, Bishop, Phillips, and Horner. Dr. D. H. Beckwith was unavoidably absent. During the dinner the matter of entertainment for the Institute was discussed and several very excellent plans proposed and discussed. There was the completest harmony and unity of purpose throughout, with the promise of a most successful meeting.

—There seems to have risen a spirited, but seemingly discussion touching the characters in John Uri Lloyd's most recent book "Warwick of the Knobs," as to who was in reality the central figure of this charming and well-told story: Mary, Joshua, or the Preacher himself. The majority of the readers, we take it, have assumed that all there was of the story wrote itself about the iron-willed predestinarian preacher, and that with him opened and closed the story. Others, of whom we are one, contend that the real story was to be found in Mary, the unfortunate girl, and with a close second in Joshua—illiterate and Southern-blooded as he was, and doubtlessly also tinctured with the heredity of a generation or two of predestinarianism—in that his heart was greater than his passion. Mary was a typical gentle spirit, who had given way in sheer desperation to the first loving heart that crossed her path. Reared in a different atmosphere, surrounded by something less austere and frigid, this sweet girl would not have fallen a ready prey to the destroyer. But the love in her heart, the sweetness that was lying there, craving a sympathetic fellowship, poured itself out upon the first demonstration from another—and,

as it so often happens—an unworthy person. With all this knowledge—this knowledge of perfidy and infamy committed upon his sister, this uncouth, rugged, revenge-breathing boy, Joshua, starts out with revenge in his heart, and is overcome by the spirit of peace. Coward, he, this boy? Never! He was the true hero of the story. Those of us who have lived more than forty years can go back in our lives and pick out Preacher Warwicks here and there. They are not so plentiful now. They would be laughed out of court. Their day is past. Still, in their time they were powers! John Uri Lloyd has not overdrawn this iron-willed predestinarian. But he was not the hero of the story. He was the same at the end as he was at the beginning. He thawed a trifle after Joshua had been at work upon him concerning Mary, but he justifies even this momentary lapse from sternness by some obscure text in his Bible. But Joshua, the stripling, the uncouth, the boy with murder in his heart, rises at the last into divinity, because he had learned to forgive!

—One of our esteemed subscribers, Dr. D. C. Jerald of Osage, Iowa, now in his sixty-ninth year, was, about six months ago, while overtired and overworked, seized with a peculiar trouble which deprived him of memory for reading and writing and for several weeks also of speech. The latter came back again; but the memory of reading and writing has failed to return. The Doctor has set himself to work again learning to read and write, and his letter to us shows that he is acquiring skill and facility once more with the pencil—for, like all beginners, he dares not trust himself with ink yet for a while. Talk of ambition and energy!

—Why is it when a writer gets to stirring up something he knows nothing about he begins to use words of three to ten syllables and sentences six or eight lines in length?

If he understands his subject, why does he not simplify it, use common everyday words, and make his idea clear? It is because such big words and long sentences are used that the "original articles" in many medical journals are never read.—Dr. Ben H. Brodnax.

—A young man of considerable experience would like a position as assistant. Can furnish good references. Good reasons for quitting practice. Address Dr. D., care of this office.

—A prize of one thousand dollars and another of five hundred dollars for the best essays on preventive medicine is offered by the Maltine Co. of Brooklyn. The judges are: Drs. Daniel Lewis, Charles A. L. Reed, and John Edwin Rhodes. In order that there may be no violation of medical ethics and no suspicion of mere commercialism, Maltine or any of its combinations must not be mentioned or even indirectly alluded to in the essays.

—Where the rub comes in—Rheumatism.

—What is good for a bald head?—Hair.

—Once the man ate the cream, now they cremate the man.

—Don't forget sticta pulm. in the nasty hacky little coughs which hang on to children during the snowy weather.

—If a man happens to have a good point, it's a thousand to one that on that particular one the law of heredity won't work with his children.

—Dr. A. N. Couture is one of the substantial and ever popular physicians of Auburn, Cal. We expect to see him when we make our projected California trip.

—Tuberculosis caused 1353 deaths in St. Louis, Mo., during the year ending April 1 last, and there are at the present time in that city over 10,000 cases.

—"Miss Touchy would make just the wife for some struggling doctor."

"Why?"

"She is always giving someone fits."

—All Forms Dangerous—"Say, Weary, I see de doctors is advisin' people against de dangers of moonlight bathing."

"But why do dey put in de word 'moonlight,' Limpy?"

—A professor in the medical department of Columbia College asked one of the more advanced students: "What is the name of the teeth that a human being gets last?"

"False teeth, of course."

—"Your medicine has helped me wonderfully," she wrote to the patent-medicine house. "Three weeks ago I could not spank the baby, and now I am able to thrash my husband. God bless you!"

—Goodfellow: "What's the trouble, Uncle Mose?"

Uncle Mose: "Sufferin' from the grip, sah."

Goodfellow: "But that wouldn't make you limp."

Uncle Mose: "It was a bulldawg's grip, sah."

—The Critique of Denver appears on our table in a handsome two-color cover, and in every other way improved. The former rough paper has been replaced by a fine smoothly finished material. The contents bespeak the care and selection of the editors. There is only a minimum of scissor-work.

—Professor Czerny, director of the surgical clinic of Heidelberg University, Germany, arrived in New York recently for an extended trip through the United States. We had the pleasure to be present in 1900 at several of the distinguished surgeon's clinics, and very much admired his thoroughness and skill.

—There is no better vehicle for administering iodides, bromides, salicylates, morphia, and other drugs that disturb the digestive functions, than Armour's Essence of Pepsin. This preparation may also be used to great advantage in making junket, as it possesses great curdling as well as proteolytic power.

—We learn with great sorrow that the venerable Dr. Rudolph Virchow has sustained a fracture of the thigh. It is recalled that this popular and famous man has just celebrated his eightieth birthday. Reminds us to say that the Peacock Chemical Co., and Sultan Drug Co., have issued and mailed to the profession a handsome half-tone picture of the medical sage.

—The Alkaloidal Clinic, after telling that a negro was in Washington hospital for a wound similar to that of President McKinley, and who bids fair to recover, asks the question:

"Why is it that the more valuable is the patient, the less likely he is to recover; while if we get hold of a fellow who is utterly useless to the world, when there isn't another human being on earth who will be bettered or gladdened by his recovery, he is simply unkillable?"

—The husband of a Christian Scientist teacher, lately married, that did not believe in doctors or sickness, called upon a physician one cold, stormy night in January. He was in a great hurry.

"What is the matter?" asked the doctor, sticking his night-cap out at the door.

"Oh," said the man, in an anxious tone, "my wife is very sick, and wants you to come at once."

"She sick?" answered the doctor, in surprise; "why, man, she has turned half this town into the belief that there is no such thing as pain."

"But it's different now," replied the man. "We're—that is, you know—well, she's going—to have a—and we thought you better be around."

"Well, my dear man," said the doctor, "tell your wife that I am sorry she has so far forgotten her calling as to give in to the sin of a fancied pain or two. These things that come with such clock-like regularity are nothing but the timed temptations of Satan. Tell her that there is no such thing as pain; that she isn't going to have a baby; that she isn't a woman, but the ghost of Euripides; that she isn't even married. Tell her that I am not a doctor, and never was, and that this is one of the loveliest nights in June. Good-night, sir."

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.



Medical Progress

The Treatment of Nasal Catarrh by the General Practitioner.

BY EUGENE C. UNDERWOOD, M. D.,

Louisville, Ky.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple, and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen, and is characterized by a thick mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge and the expulsion of discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anæmic.

The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any co-existing disease or morbid state. In some cases where there is occlusion by exostosis, the resources of surgery must be invoked.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease

nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and Hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take 20 drops of balsam of copaiba four times daily. The Hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membrane is speedy and is not equaled by any other drug I have ever used. When the patient is anæmic I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the Hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The Hydrozone at once overcomes the offensive odor and takes off the purulent crusts.

These cases must be treated with cod-liver oil, iron, and such other remedies as will bring up the general health.

Here is a clinical history:

S. M. T., aged eighteen, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the Hydrozone and water spray, and took 15 drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Hueppe and Koch.

The two schools of thought on questions bacteriological are well represented at present by the distinguished investigators Hueppe and Koch. Both men are deeply versed in bacteriology and physiological chemistry. Hueppe emphasizes the importance of the perfect health of the body cell—and the special treatment of the body cell as a means of frustrating the attacks of germ life. Koch emphasizes the importance of destroying entirely all germ life, so that there will be no attack.

* Abstract from St. Louis Medical and Surgical Journal, July, 1901.

Of course both men are right. We must destroy all the germ life we can. But since a war of extermination of disease germs is impracticable at present, the physician finds a more profitable field for his exertions in preparing the body cells to resist and throw off the attack of germ disease. It is no doubt by this sort of special preparation of the lung cells that hypophosphites and cod-liver oil do so much to prevent the progress of the tubercular organism. Scott's Emulsion, containing both the cod-liver oil and the hypophosphites, is a good example of those therapeutic agents which bring immunity by re-enforcing cell life.

Supra-Renal Extract as a Hemostatic.

ALEX. H. CROUCHER, M. D.

H. P., age twenty-five, was admitted into the Cottage Hospital on March 1, 1901. Patient was suffering from a tumor growing from the upper jaw; it arose from that part of the upper jaw where the central and lateral incisor teeth were implanted. The growth was about the size of the terminal phalanx of the little finger.

On March 3, at 12.30 P. M., patient was put under ether and the teeth involved were extracted, the growth was removed with cutting forceps in the ordinary way, bleeding was moderate.

At 4 P. M. I received a message to the effect that hemorrhage was going on rather profusely, in spite of pressure with sponges, etc. I went to the hospital and secured one small artery with a ligature, and a small artery, apparently in the bone, for the time was stopped from bleeding by a small wooden peg; there was also general oozing from the raw surface of the wound. Before putting in the wooden peg beeswax was tried, but had no effect. Hazeline and tannic acid were also applied, and seemed to check the oozing.

At 9 P. M. a message arrived, saying that for the previous three hours bleeding again had been quite profuse. By telephone I suggested that the matron apply "supra-renal liquid with chloretone," prepared by Parke, Davis & Co. (a small bottle of which I had left at the hospital some time previously), and that I would go to the hospital in half an hour's time.

Arriving at the hospital at 9.30 P. M., I found the hemorrhage quite stopped, and it did not return; the supra-renal extract had acted at once.

As a hemostatic, the non-escharotic action of supra-renal liquid compares very advantageously

with perchloride of iron and other strong astringents, and it is a great and valuable addition to our therapeutic means of checking hemorrhage.

—We take great pleasure in commending to the busy doctor a convenient pocketbook for carrying in one book a daily as well as ledger account of his patients. It is the invention of our esteemed brother and editor of the Medical Council, Dr. J. J. Taylor, Philadelphia. Send for this book, and see if we speak not truly, that it is as near perfection for the purposes for which it is designed as anything you have thus far seen. It does not deal with signs and dots and dashes and other cabalistic forms. When properly kept—and this is as easy as the keeping of an ordinary diary—it is a legal record, and will be accepted by any court as a book of original entry. It is always in your pocket or your grip. Price \$1.

—The Antikamnia Chemical Company, that prince of clean advertisers, receives many courtly notices from all the exchanges coming to our table in a month's time. Mr. Ruf, the president, and, for aught we know, the whole "push," is a marvelous compendium of sweet words inclosing hard business facts.

What he calls his "Laxative Baby," being a blending of well-known and oft-tried medicants, but now compounded with Antikamnia, is a creation that will appeal to every good physician interested in the troublesome subject of laxatives. The concrete tablet is called the Laxative Antikamnia and Quinine Tablets.

In a certain North Dakota town there are two physicians, one with a long record of cures, and the other popularly rated as "no good."

The favored doctor found his services in great request, but as payment was not always forthcoming, he made a rule that certain class of his patients should pay in advance.

One winter's night he was roused by two farmers from a hamlet ten miles away, the wife of one of whom was seriously ill. He told them to go to the other doctor, but they refused, saying they would prefer his services.

"Very well," replied the medico, "in that case my fee is \$10, the money to be paid now."

The men remonstrated, but the doctor was obdurate, and shut down his window. He waited, however, to hear what they would say. "Well, what will we do now?" asked the farmer whose wife was ill.

And the reply that was given must have been as gratifying as it was amusing to the listening doctor. It was: "I think you would better give it. The funeral would cost you more."

Johnny Green came home from school the other day with the following note, duly signed by the teacher:

"Mr. Green—Dear Sir: It becomes my duty to inform you that your son shows decided signs of astigmatism, and his case is one that should be attended to with out delay."

The father sent the following answer the next day:

"Mr. Kershaw—Dear Sir: Whip it out of him.

Yours truly,

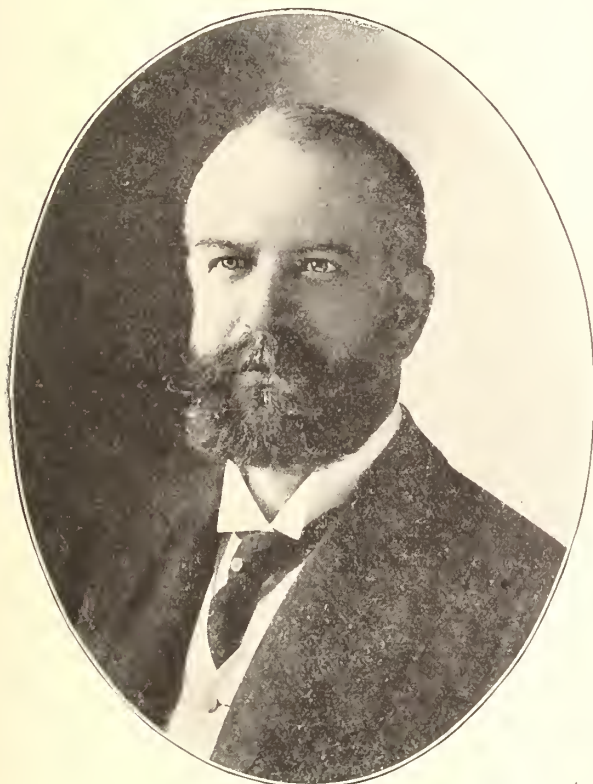
JOHN GREEN."

The American Physician

APRIL, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



F. A. GARDINER, M. D.,
WASHINGTON, D. C.

WHAT ABOUT CLEVELAND?

THUS asks a correspondent. Why, nothing, and everything. Cleveland is getting ready to entertain the American Institute of Homeopathy in the best style known to any progressive American city. The profession is almost a unit in purpose. No disaffection is noticeable as to the welcome which the Institute will receive. All past differences of whatever kind and degree have been laid aside and the welfare and welcome of the Institute substituted in their stead. The hotel accommodations will be ample and comfortable. The hall of meeting is accessible, and the many

smaller rooms of the most approved order of convenience. We again caution all our brethren everywhere not to give ear to any talk about trouble in Cleveland during or preceding the Institute meeting. All that sort of talk is talk, on the outside. The Executive Committee and the Local Committee have united to make everything harmonious and pleasant. Arrange to be with us in June, and we will do you good.

♦ ♦

DR. HORNER'S NEW-MEMBERSHIP PROPOSITION.

DR. J. RICHIEY HORNER, the efficient Secretary of the Local Committee, has evolved the plan of sending partly filled-in application blanks for membership, to a specified and well-known doctor in each town and village of Ohio, and make it incumbent, as much as possible, for that one so specified to see the members of the profession who are not affiliated with the Institute and get their applications. This is far better than sending each member a hatful of blanks, under third-class-rate postage, and expect him to go out and peddle these broadcast. The suggestion of Dr. Horner ought to be taken up by other members of the Institute elsewhere, in other States, and acted upon in the same spirit. If this could be done, the list of new members would be one of the notable events of the Cleveland meeting. Try it, brothers.

♦ ♦

THE INDEPENDENT SOCIETIES.

THERE is still a little trouble concerning the meeting of the quasi-independent societies at the same time of the meeting of the Institute sections. But this has been precipitated by the darn-fool talk and letter-writing of a few people who couldn't let well enough alone.

It must appeal to everyone with the veriest modicum of gray matter that the Institute cannot give what it does not possess, in the way of time,

to its affiliated societies. And anyone in the membership who advances such an argument as the only way of keeping peace in the family is doing an exceedingly unwise thing.

There is only one way of doing a thing right, and the ways of doing it wrong are infinite.

The Institute is in the saddle, not the quasi-independent societies.

The Institute is the one to dictate the hours, not the quasi-independent societies.

If the q.-i. societies force the hand of President Wood they may reap a harvest in Cleveland not wholly to their taste.

Never forget, brethren, specialists and g. p.'s., that the whole (Institute) is greater than any part. And that while the members of the Institute who compose the q.-i. societies are good members and governed by a zeal the most commendable, they must not forget that by pushing their zeal a bit too far it will bring about one of two things: either a vote of censure which will defeat forever any efforts of the specialists to have their specialties recognized (as proposed under the Runnels Resolutions), or else it will destroy the Institute.

The horns of the dilemma, as you notice, are equal.

The Institute will not permit a few hundred specialists to dictate the policy of the whole Institute.

So we repeat that the better policy is to stop the fool-talk, stop stirring up the chairmen with threats or cajolements and to steer clear of all breakers; wait until the action of the Institute makes the Runnels plan a law; then and not before, act under its provisions.

Any attempt to cram those untried, unrecognized, un-legal provisions down the Institute's throat will result in disaster either for the q.-i. societies or the Institute, and possibly for both.

President Wood has not said that the Institute sections will merge with the independent societies, and thus have but the one allied association, each to sit when and as long as it pleases,—mainly because he can't say any such thing, and, secondly, because the laws of the American Institute of Homeopathy, under which he was elected, and under which he holds his office, distinctly declare how the sectional work shall be conducted, and which, if he is to be the recognized President of that Institute, he must obey, and carry out in their proper order.

Suppose we drop the independent-societies talk and get back to the Institute, and put our besticks in for its success. That's what President Wood wants.

Any other effort or thought is treason.

There is every reason for believing that, at the proper time, the Runnels Resolutions will be taken out of the hopper and properly considered.

After that time the Institute will be governed by their requirements!

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Spigelia as a Neuralgic Remedy.

G. W. S.¹¹ believes that spigelia manifests a loving affinity for the fifth nerve; moreover, it is the ophthalmic branch which seems to enjoy its special favor. From the standpoint of our subject, we are concerned with two ultimate sub-branches. 1st, the supraorbital, being a branch of the frontal, which is a larger branch of the ophthalmic; 2d, the long ciliary; these are given off from the nasal branch of the ophthalmic and supply sensation to the iris and ciliary muscle.

Patients who are peculiarly susceptible to the action of spigelia are adults of the nervous temperament. It is only natural that such patients, when out of health, should worry, and exhibit "fear, anxiety, and forebodings as though something were about to happen."

A peculiar symptom recited in all the books is "fearfulness of pointed things"; it is not always present, however. Our experience has never disclosed this symptom. It seems to us that the phraseology is incomplete, that the word "unnatural" should modify the fearfulness.

The neuralgia in point has glaring characteristics. It is left-sided. It begins in the occiput and thence proceeds to settle over the eye. The supraorbital branch and its sub-divisions get the brunt of the attack. Pain is mainly supraorbital, but radiates in all directions from the center, for a short distance. There will of course be local soreness, a natural sequel of intense neuralgia.

The pain itself is tearing, shooting, burning, jerking (any or all of these types). It is aggravated by noise or jarring motion, by changeable, stormy weather. Conversely it finds amelioration in quietude and equable temperature. It begins, increases, and declines with the day.

The pain in the eyeball is referable to the iris and ciliary regions, via the long ciliary nerves, as mentioned above. There may be some conjunctival hyperæmia, lachrymation, and photophobia all pointing to ciliary irritation; but that there are symptoms of bulbous inflammation of any variety admits of considerable doubt, notwithstanding the assertions of accepted authorities on materia medica. For example, one well-known writer records the symptoms, "redness and inflammation of the sclerotic," when the truth is that inflammation of the sclerotic is not marked by redness; the color is rather bluish or purplish for obvious reasons; and in spots, not diffuse. In true iritis we have never seen spigelia relieve the pain.

The reflex eye symptoms occurring in the provings of this drug are all of practical interest to oculists and of practical value to the general prac-

itioner, as everyone who is experienced will testify, viz., "strabismus, jerking over of the eyes, blue rings around the eyes," symptomatic of intestinal worms. The specific kind of strabismus is not mentioned in provings and is perhaps not material.

Thus we see that spigelia shines as a remedy for left-sided supraorbital and ocular neuralgia. But we should not forget that a good sleep (especially if needed) will sometimes suffice. Again neuralgias, no matter where situated, resulting from over-indulgence at table, or from riotous living, often yield to a few doses of *nux vomica*.

Plantago Major.

W. E. B. in Eclectic Med. Journal gives several uses for this remedy, which is not given the place which it deserves in general practice. He says: "Perhaps the most certain action of plantago is in toothache. The necrotic cavity is thoroughly cleansed and a small pledget of cotton is saturated with specific plantago and crowded into the cavity. A repetition of the application in half an hour is seldom required.

"From the fact that the cotton pledget wet with specific plantago, and a few drops of it given at the same time internally, frequently relieves a stubborn earache, and that tic douloureux is also often relieved by its administration, together with its action in toothache, it is suggested that plantago has a specific effect upon the terminal filaments of the sensory division of the fifth nerve. The alterative effects of plantago are said to be best obtained by the administration of from 2 to 4 fluid ounces of a strong decoction of the fresh herb, three or four times daily. In this way it overcomes the direful chronic effects of syphilis, mercury, or scrofula (or perhaps we should now use tuberculosis instead of scrofula). We do not care to say tuberculosis may be cured by plantago, but we do say that some of its ill effects may be materially lessened by its use. But notwithstanding our own individual opinion we notice that some authorities quite eminent in the profession strongly suggest or advocate the use of plantago in incipient phthisis pulmonalis and the hemoptysis incident thereto.

"The internal use of plantago is followed by beneficial effects in many gastro-intestinal disorders, in which colicky pains prevail. It may relieve a diarrhea, or a dysentery, or a cholera infantum.

"It is a commendable remedy in some erythematous conditions of the skin, when there is pricking, itching, or burning of the surface, as in erysipelas. It is said to have a special action upon the urinary apparatus, as it frequently overcomes disturbing hematuria and distressing dysuria. It is as well a remedy in some cases of below-par tissues or organs of the female, and the consequent leucorrhea or menorrhagia. The use of plantago is highly recommended in cases of persistent bed-wetting, when the sphincters are re-

laxed and the urine is pale and profuse, both colorless and watery.

"*Plantago major* in the form of the specific medicine should be given in doses of from one to five drops, largely diluted with water."

Aesculus Hip.

Dr. T. C. Duncan⁵ calls attention to the fact that the only condition that seems to bring *aesculus* to the mind of the average practitioner is that of hemorrhoids. He then goes on to give the reported action of *aesculus hip.* upon the "heart and pulse":

"Twitching over the region of the heart" is italicized. That is doubtless thoracic, dependent upon spinal hyperæmia. So is "frequent stitches in region of heart." "Darting pains in the region of the heart with fullness and palpitation," may be also.

"Constant dull, aching, burning pain in the region of the heart" may be myalgic. "Severe neuralgic pain in region of heart, so painful as to arrest the breath (lasting ten minutes). Neuralgic pain in region of heart lasted over one minute, with frequent pains in the epigastric region. Very frequent neuralgic pains in the region of the apex of heart and the stomach. Frequent sharp neuralgic pains in the region of heart, with great burning in the same region. Occasional neuralgic pains in the apex of heart and forehead. Sharp pain in region of apex of heart. Frequent pains in region of apex of heart and between the shoulders." These symptoms may be all of spinal origin and myalgic. But these are cardiac: "Frequent pains in apex of heart. Action of heart full and very rapid. Heart's action very rapid and heavy; would jar me while lying down, and could feel the pulsation all over the body." That sort of action would develop hypertrophy. Then comes: "Palpitation of the heart. Frequent attacks of palpitation. Periodical palpitation of the heart. Severe periodical palpitation, with great anxiety."

These point to periodical obstruction somewhere.

The pulse may be soft and weak, regular or frequent, full and hard. There is fever with this drug when the pulse may be 90, 127, or 130. The chilly feeling begins in back; runs up and down as in hyperæmia. Relief comes through perspiration, but chiefly by the bowels, with the storm-center in the rectum. The history of the case must decide in the selection.

Eupatorium Perf. in Malaria.

Dr. E. J. Burch³ gives the following case:

Malaria.—Mrs. J. M. has had malaria more or less all fall, for which quinine has been taken unsuccessfully. The last week chilled each day. Before chill, thirst, nausea. Drinking makes her chilly. Chills from 8.30 to noon. During chill: Chill begins in toes and extends to head. Wants cover, which makes her more comfortable. Does

not shake, but has decided trembling feeling all over. Thirst and nausea continue during chill. Severe aching in bones of legs and back. Some frontal headache. Chill is greatly increased by uncovering. Photophobia.

After chill: Cold sweat over entire body, lasting an hour; thirst. Sweat followed by high fever, without thirst or nausea. During fever, is chilly upon uncovering; drowsy.

Interim: Much frontal headache; vertigo, aggravated by stooping; stitches in right side. Photophobia. Thirst, which drinking satisfies. Chief symptom, the chill. R Eupatorium perf. 30th, a dose every two hours.

October 30. Has not had another chill. Felt perfectly well so long as medicine lasted. Has been out of it two days, and to-day feels as though she might chill again. Has aching in all her joints; very weak; with trembling. Hungry, night and day; flashes of heat; thirst; tongue white. Water relieves. R China 30th, every two hours.

November 25. Patient completely recovered, and has gained twenty pounds in weight. It always pleases me to make an out-and-out cure of malaria with the indicated remedy, in potency. It's gratifying to realize that it can actually be done.

Staphisagria.

Finlay Ellinwood in the Cal. Med. Journal gives the following indications, among others, for this remedy:

Chronic diseases where there is persistent weariness with stiffness in the joints. Where there is a feeling of soreness in the shoulders, in the back, or across the hips. Where the muscles of the back or of the legs seem as if bruised and painful or tired; the patient constantly inclined to lie down. There will usually be a fullness of the capillary circulation of the tissues which appear engorged and relaxed and congested. This is especially true of the tissues of the perineal or pelvic regions. Mentally the patient is peevish and melancholy, with disinclination to work, and may become irritable and violent or destructive. It is often the case that these phenomena are present where there is disease of the pelvic or genito-urinary organs, and whatever the disease, staphisagria in small doses persistently given, either alone or in combination with other indicated remedies, will greatly promote the cure.

Echinacea.

Recently J. C. Stinson²⁹ called particular attention to its action as a local aphrodisiac, when used freely and undiluted on the mucous membrane of the glans penis, corona, etc. He states:

"The influence of echinacea on the capillary circulation is more satisfactory than that of any

other drug. It is a stimulant to the circulation, and appears to endow the vessels, etc., of the glands with a rapid recuperative power, which constitutes it a stimulant and tonic to the local circulation, etc., adapting it especially for local conditions of debility. When applied locally in doses of from twenty to sixty drops it produces a mild, pleasantly tingling, penetrating, burning sensation. The glands, etc., become congested by stimulation of the vessels and sensory nerves of the penis. Muscular contraction is excited by reflex action, and in from two to fifteen minutes erection occurs. One application is usually sufficient to produce an erection, but if necessary a second should be made in fifteen minutes. Erections are augmented, completed, and maintained by applying echinacea. Reaction after connection occurs quickly by using this drug locally.

"The thermal stimulus to the peripheral terminations of the sensory nerves, etc., is rapidly transmitted to the central nervous system.

"Erections in a normal individual can be increased in frequency and with shorter intervals between them by its use.

"The local stimulating action increases the special sensibility by acting on the nerve fibrils and vessels. The effect of local stimulation on the sensory apparatus is really a central one, and the sensation, although referred to the penis, is a cerebral state. It therefore affords a means of arousing the highest centers, and the impression conveyed is not converted into a painful sensation, but while traversing the gray matter of the spinal and medullary centers causes reflex impulses which arouse specially pleasant sensations and erections. In this way the special impressions are readily available means of stimulating, not only consciousness, but the cardiac, vasomotor and other centers, and through them the viscera themselves."

Thus, as well as a local stimulant, it may become a powerful general stimulant.

Potassium Permanganate in Opium and Morphine Poisoning.

Moor²⁸ (The Permanganate Treatment of Opium and Morphine Poisoning, 1899) in this monograph reviews the reported cases of opium poisoning treated with potassium permanganate, and emphasizes the following points in the treatment: One grain of the antidote in 1 ounce of water per os for each grain of morphine. One grain of potassium permanganate in 1 ounce of water for each 10 grains of opium. One grain of the antidote in 1 ounce of water for each dram of laudanum. If the quantity of poison injected cannot be ascertained, 8 or 10 grains of the antidote dissolved in an ordinary glassful of water should be given at once, and this dose repeated once or twice, at intervals of thirty minutes. A weak permanganate solution, about 1 grain to a tumblerful or half a tumblerful of water, should be administered every thirty

minutes during the entire stage of opium narcosis, and even for some time afterwards at intervals of one hour. One grain of permanganate dissolved in 1 teaspoonful of water should be injected hypodermically every thirty minutes, with simultaneous gentle massage near the site of injection.

Echinacea.

In a discussion upon the merits of this drug before the New York State Hom. Med. Soc., Dr. Geo. F. Laidlaw said: that we have no exact indication for echinacea. I am sorry that we have not. Our only indication is sepsis, which is too broad an indication to be successful in every instance; but I should hesitate to treat any septic condition with which I am now familiar without the aid of echinacea, without giving it at least forty-eight hours trial. In puerperal sepsis I think I have seen it slower than in diphtheria, tonsillitis, and septic cellulitis. Puerperal cases generally run about a week before the temperature comes down to normal. In diphtheritic cases it will often drop to normal in twenty-four hours. There is one thing to be guarded against in the use of echinacea. It acts something like the material antipyretics. It will often drive the temperature down below normal a degree or half a degree, and it will often produce a condition that stimulates collapse, the patient feeling faint and weak. The pulse becomes rapid and faint. That I have seen repeatedly with echinacea—I have never seen a patient get into a dangerous condition—but I avoid doses of more than 10 drops of this echinacea preparation, so as to be on the safe side, and have stimulants handy for nurses to give, in case any symptoms of collapse come on. But it is certainly a most valuable remedy for external and internal use in all conditions associated either with sepsis or with pus."

Eight Remedies in Rheumatism.

According to The Hom. Jour. of Obs. the following remedies are among the most important:

Aconite may be thought of early in the attack. There is restlessness, fever, and involvement of the joints; this remedy is of special importance when the cause of attack can be directly traceable to a chilling of the body.

Belladonna is specially indicated when there are febrile symptoms; general malaise, aching all over the body, sore throat, and stiff neck. There are painful spots that are sore on gentle pressure, yet firm pressure is tolerated. Pains gradually increase, suddenly decline and appear elsewhere. The pains are cutting, tearing, and lightning-like through the joints.

Bryonia is useful in either muscular or articular rheumatism. The swollen joints are very sensitive to the touch; the slightest motion is intolerable; the joints are hot and shining, and the skin looks as if it had been stretched over them; heat

applied externally affords relief; the bryonia patient differs from the rhus tox. one, in that he is made worse from the slightest motion, while with rhus the patient is continually moving about.

Mercurius has the tearing pain that is not relieved by sweating; the pains are worse at night, and from the warmth of the bed; the joints look swollen and pale. There may be gastric disturbance; with coated tongue, taking the imprints of the teeth; a foul breath. There may be extension to the heart, lungs, and pleura.

Pulsatilla has the changeableness and tendency to shift about from joint to joint; there is aggravation from warmth, and relief from cold. There is relief from motion, and in the cool, open air. The joints are very sensitive, but without any visible signs of inflammation.

Rhus toxicodendron patients cannot bear cold air; the pain and stiffness are made worse or commencing to move, but continued motion brings relief. This remedy has a wider range of usefulness in rheumatism than any other remedy. The rhus patient is made much better by dry, warm, external applications.

Apis is useful when the pains are of a stinging or burning character; there is much œdema of affected parts, and synovitis.

Arnica is most useful in rheumatism that has been brought on from exposure to dampness, cold weather, and where there has been excessive muscular strain; the parts feel sore and bruised; the patient has a dread of being touched; the urine is scanty and high colored; the patient is chilly in bed; there is great internal heat and sour sweats.

Crataegus.

Its curative range. Dr. T. C. Duncan^a believes that we have at last a proving of this drug, and the expert student can make out a picture from the outlines: Slow heart first (with big doses), then rapid heart with neuralgic pains. The long action of this drug is to bring the drug to its normal and keep it there. It has been demonstrated repeatedly that it has no cumulative action like digitalis.

The article by Dr. Kopp, of Australia, given in your November number, throws much additional light upon the range of action of crataegus. It recalls a case of very slow, feeble pulse in an old soldier I saw in consultation with my cousin, Dr. W. C. Duncan, of Colfax, Ia. The pulse rate was only 26. I made a careful examination, standing, sitting, and lying, and found a hypertrophied, dilated heart. Apex beat was to the left and behind the sixth rib. He had attacks of heart failure when no pulse could be found, but the wife would keep rubbing him and giving stimulants, and finally the heart would start again with slow and measured beat. He seemed practically dead while in the attacks. There was no evidence of any convulsions, but was a clear case of heart failure from cardiac weakness. Digitalis

was tried, but it produced such a rapid trembling, distressed feeling at the heart with cerebral confusion that he disliked to take it. Cratægus was given, and the old man has not had a return of the attacks of heart failure for over a year. Before that he had them very frequently, especially after any unusual exertion.

I look upon this case as one of extreme brachycardia, and doubtless this belonged to the class of heart cases that old Dr. Green, in Ireland, discovered cratægus was so efficient in. You remember this was for years a secret remedy with him, and he aroused the jealousy of the profession by his great success. After his death his daughter gave to the medical world the fact that the remedy was cratægus oxyacantha. This report from Australia shows that the good of humanity should forbid the withholding of valuable information from the profession. Possibly had Dr. Green given it to his polypharmacy brethren, they would have smothered it in a prescription and the world would be none the better.

Sabal Serrulata.

Finlay Ellinwood, M. D.³⁹: *Sabal serrulata*, or saw palmetto, is a remedy that has come into very general use in the last few years in the treatment of diseases of the prostate gland. It was recommended at first as an agent that would invariably reduce the hypertrophied organ; but subsequent observation has proven that too much in this line was claimed for it. Where the organ has been chronically enlarged, the reduction is not plainly apparent, but it does increase the general tone and overcomes existing irritations. This influence is very apparent and in many cases very satisfactory; at the same time it increases the functional power of the organs, tending towards the restoration of the functions in those cases where there has been more or less impairment. My observation proves that it will reduce the enlarged prostate where the disease has not existed for a great length of time. In all recent cases I have had very satisfactory results—so satisfactory that I have not always been able to induce the patient to continue the use of the remedy long enough to make the influence permanent, and have often had relapses that would not have occurred if I could have persuaded the patient to continue the use of the agent.

I would not fail to use it in the old standing cases, but would not promise such satisfactory results. That it does restore the tone of the sexual apparatus and overcome impotency I am confident.

—Buckner.—A doctor's life is a hard one; I think you'd hate it awfully.

Dr. Floyd.—Oh, I don't know. It has its compensations. A doctor being out at all hours, he doesn't have to strain his brain inventing fairy stories, you know.

Static Electricity Transmitted to a Distance and Several X-Ray Tubes Operated from One Machine.

W. B. CLARKE, M. D.,
Indianapolis, Ind.

During the autumn of 1901 I made large therapeutic use of static electricity and the Roentgen rays, operating a 16-plate Betz machine, and at times felt great need of increased equipment in order to save both professional and running time. Not feeling disposed to double the apparatus, I determined to try to double its capacity, and with little trouble succeeded in doing so. It seems to me hardly probable that I am the first to secure the results to be described, nor am I claiming this, not caring one way or the other; but I may say that in a more or less extended reading of the literature, pictorial or otherwise, of static electricity I had never learned that the current may be easily transmitted from the machine and used at the bed of a patient in any room of a large house, even 100 feet away, and that the X-ray may be operated at the machine and at the same time another be produced that far away. All that is necessary to be done is to run an insulating wire from each discharge rod, positive and negative, to the point where the supplementary X-ray is to be made, the ordinary therapeutic current needing but one wire, a zinc plate, and a Geissler tube. I have not yet decided as to the limits of capacity, either as to the number of currents that may be so transmitted, the distance they may be sent, nor the number of Crookes tubes that will thus be half illuminated, but will say that several currents can be made to do work and several tubes used. Anyone wishing to know more about the limitations in this direction can now go to work and find out.

The utility of this method need not be much enlarged upon. But a busy physician may flit from one patient to another in private stalls or rooms, or treat a patient in bed upstairs while the machine is running downstairs, with or without an attendant downstairs. A fashionable doctor's office building may be fitted up with a machine and transmitted X-rays "thrown in" with the rent and janitor's fees; or several physicians can "get together" and enjoy clubbing rates when not similarly engaged in their medical society meetings.

The world has been studiously kept in the dark as to the flimsy reason why the late lamented and still lamented President McKinley was not X-rayed for that Czolgosz bullet, before or after death, by his distinguished surgical and medical attendants. Was it a case of the mountain being unable to go to Mahomet and Mahomet not being able to go to the mountain? An adaptation of the transmission feasibility hint just given would have been easy, and it would have placed everybody concerned in a better light, X-ray or any other kind.

Stramonium.

BY M. E. DOUGLASS, M. D.,

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Stramonium (common name, Thorn Apple) belongs to the natural order of solanaceæ, and is a fetid, noxious, annual herb, with spindle-shaped, almost vertical, ligneous, fibrous, whitish root. The stem, three feet high, is erect, round, and green. The leaves, five to six inches long, are alternate, at times opposite, more or less scattered on short round petioles in the forks of the stems, dark-green above, pale beneath; the older leaves are perforated by worms. The white flowers appear from July to October, are three inches long on short axillary peduncles, and sweet-scented, especially at night. At night the leaves next the flowers rise up and enclose them. A nearly globular, very prickly capsule incloses numerous odorless, or nearly odorless wrinkled seeds, which are reniform and flattened, and of a dull brownish-black color when ripe. Every part of the plant is poisonous.

Its habitat is of doubtful origin; found everywhere, except in the colder temperate and Arctic regions; common in waste grounds near habitations in the United States.

Name derived from the Greek, signifying mad apple. Long used as medicine. Described by Dr. Fuchs in 1543. Introduced into homeopathic practice by Hahnemann in 1805.

Every portion of this plant, while fresh, has a heavy and disagreeable odor. The scent is said to be sometimes so powerful as to cause sickness in those who inadvertently expose themselves to it. The taste is bitter; and if the plant be chewed, the saliva acquires a green tinge. The active principle of *stramonium* is the alkaloid *datura*, which, as already mentioned, is identical in formula, and in nearly all physical and chemical characters, with *atropia*, but appears to be more powerful than the latter.

The first mention of *stramonium* by a modern author occurs in the celebrated work of Fuchs in 1543. But the employment of it in regular medicine is of much more recent date. From time immemorial, however, it appears to have been used in some of the Asiatic islands as a soporific; and it would seem to have been long known that, if administered too copiously, the extract induces nausea, drowsiness, loss of sense, a sort of intoxication, and delirium. If not checked, these symptoms are followed by loss of memory, convulsions, a sense of suffocation, paralysis of the limbs, cold sweats, excessive thirst, dilatation of the pupil, and tremblings, which presently terminate in death.

The therapeutic action of *stramonium*, when employed as a remedial agent in disease, is apparently much the same as that of *belladonna*, a similarity at first sight very remarkable. Sur-

prise, however, diminishes when it is remembered that the same principle exists in these two medicines, and that both belong to the same natural order of plants, as does also *hyoscyamus*. That all these should be resorted to by the old school in very much the same class of diseases follows almost as a matter of course.

Baron Storck was the first to point out the efficacy of *stramonium*. He commended it as well adapted for affections of the brain and nervous system; also for use in mania and epilepsy. Many others have since declared its value in mania, by reason of its power of allaying irritation and inducing tranquil sleep.

The action, however, is so powerful that in England there is little disposition to employ it; and, as with many other valuable drugs, the merits of *stramonium*, which are unquestionably high, do not receive general recognition.

Personally I can speak favorably of *stramonium* in cases of puerperal mania, when the delirium is of a wild and furious, but intermittent, character, attended by great restlessness, with sluggishness and scantiness in the secretion of milk, and when there is a tendency to suicide, or a disposition to destroy the child. *Stramonium*, under such circumstances, will often allay the cerebral excitement, and soothe the nervous system. Under its influence the flow of milk will soon be renewed, sleep will be restored, and a general calm will pervade the whole system. It must never be forgotten in these cases to watch the lochia and other secretions, nor to use poultices, hot and soothing fomentations, enemata or gentle laxatives, should occasion require; and, above all, we must not neglect to sustain the patient's sinking powers by means of nutritious and stimulating diet. From one-fourth to one-half grain of the extract of *stramonium*, or ten to twenty minims of the tincture, administered every three or four hours until relief is obtained, is recommended by the old school. The potencies, however, are preferable.

Given in small doses, *stramonium* is very useful in nymphomania when unconnected with disease of the sexual organs, and attended by considerable mental and bodily depression.

The beneficial effects of *stramonium* in epilepsy are very doubtful. I am not aware of any case that has ever been palliated by its employment.

In *tic dolooureux*, when exhibited in large doses and steadily administered for some time, *stramonium* often affords very decided relief. In such cases, and also in sciatica, doses of one-fourth to one-half grain should be given every three or four hours (according to allopathic authority); but if the slightest symptoms of narcotism appear the medicine must immediately be discontinued. If relief be not obtained after the administration of four or five doses, to continue longer would be useless, and might even prove injurious; this is the case in every disorder for which *stramonium* is eligible.

In cases of spasmodic asthma stramonium is an old, often tried, and a frequently successful remedy. I have seen it produce speedy and permanent relief in several severe cases of this complaint.

Bigelow describes the excellent effects produced by smoking the seeds of stramonium in the same way as tobacco, when an efficient palliative is required alike for asthma and for certain other affections of the lungs. He admits that with plethoric and intemperate people this method of employing stramonium entirely fails. It fails also in cases where there is effusion of serum in the pleural cavity, or where there is other serious organic change implicating the lungs. But when the patient has no such lesions there seem to be good reasons for believing that the reputed advantage may be derived.

Dr. Marcet publishes results of his experience with stramonium, which seem to prove this drug superior to any other narcotic; he states that, when employed internally, he found it paramount in many painful diseases. He says of it likewise, that although it sometimes excites disagreeable nervous sensations, alarming to the patient, these are by no means constant or serious. The effects upon the bowels he found to be relaxing rather than astringent.

The fresh leaves of stramonium made into a cataplasm, and applied externally, have been found successful in cases of inflammatory tumor; also for "discussing" indurated milk in the breasts of nurses.

An ointment prepared from the fresh leaves is recommended to alleviate the pain of hemorrhoids, and for other affections of the rectum. It is also useful in irritable ulcers, eczema, and some other pruriginous affections.

In India stramonium is said to be successfully administered for rabies, and then given in large doses, so as to produce continuous intoxication.

Unfortunately for the disposition to allow it a fair trial, and to realize all the advantages which it offers, stramonium, like some other narcotic medicines, is very uncertain in its operation. In some cases the effect is all that could be desired; in others the operation is indifferent; or there may even be total and absolute failure.

The following symptoms will guide you in its selection as a homoeopathic remedy for diseased conditions:

Delirium, furious; full of fear; tries to escape; struggles to get out of bed; incessant and incoherent talk; laughing, carphologia; sexual excitement.

Mania; desire for light and company; attacks of rage, with biting or striking; proud, haughty; screaming, biting, scratching; terrified; merry; exaltation, singing and dancing.

Hallucinations which terrify the patient; horrible images; sees strangers, or imagines horrible animals are jumping sideways out of the ground, or running at him.

Imagines crabs and bugs crawl out of his ears.

Hydrophobia; excessive aversion to liquids; water, a mirror or anything bright, excites convulsions; spasmodic constriction of throat, etc.

The child, on waking, is frightened at anything that first meets its eyes; wants to run away from them.

Violent congestion in the head.

Eyes wide open, staring, prominent; brilliant; contorted.

Pupils dilated; sometimes immovable, and insensible to light.

Conjunctiva injected; as if the vessels were filled with dirty liquid.

Total blindness, transient.

Face, hot, red, and bloated; eyes wild; expression of terror.

Stammering, or entirely speechless.

Dribbling of glairy saliva from the mouth.

Difficult deglutition, from spasmodic constriction of the throat.

Great dryness of the throat.

Violent thirst; especially for acid drinks.

Suppression of both stool and urine.

Voice; hoarse and croaking; high, fine, squeaking; indistinct.

Twitching of the hands and feet; of the tendons; trembling of the limbs.

Suppressions of all secretions and excretions. Trembling of the whole body, as if from fright.

Convulsions; from the sight of bright, dazzling objects; from water, touch, or being spoken to.

Constant, restless movements of the limbs and whole body.

Intense scarlet red rash over the whole body.

Violent fever; skin dry and burning hot, especially head and face.

Coldness of the whole body, especially the limbs.

♦ ♦

Some Singular Cardiac Symptoms.

T. C. DUNCAN, M. D.,
Chicago.

THE CARDIAC EFFECTS OF ABSINTHE.

In the patho-genesis of the famous absinthe (made from our common wormwood, *artemisia absinthum*) we find these recorded effects: "Tremor of the heart, felt towards the back. Heart thumps can be heard in the scapular region" (Allen's Encyclopedia). In the poisoning of animals there was found "Congestion of the cerebro-spinal vessels of the meninges of the brain, and extreme hyperæmia of the medulla oblongata. The brain and spinal cord presented upon transverse section a uniform rosy coloring, with injection of the vessels; occasionally the stomach, more frequently the endocardium and pericardium showed small ecchymoses." That would indicate inflammation and gives a hint of what this drug may do. "Tremor" would indicate extreme tachycardia. Few drugs produce

tremor cordis. The epileptiform symptoms would class this as a brain remedy of value with the foregoing cardiac complications.

WILL ASCLEPIAS TUBEROSA PRODUCE CARDITIS?

It may surprise the reader to know that the *asclepias tuberosa* (pleurisy root) is reported have had such a violent action upon the heart as to produce "carditis" and "pericarditis." Here is the record (Allen's Encyclopedia, vol. i. p. 595): "Repeated lacerations in the heart and intercostal muscles (right side 6 P. M. second day);" "constrictive pain of the heart." Carditis (nineteenth day); "pain in the heart as from the prick of a pin (twenty-fifth day);" "lancinating pain near the heart (twenty-ninth day);" "pericarditis (thirtieth day);" "pulse a little disturbed after dinner (thirty-eighth day." How?

Another prover reports the "pulse from 64 to 88; small (after 45 minutes);" after 5½ hours he reports "chilly, with cold feet, although the room is warm."

These effects were developed by two drops of the tincture. After 8 hours we read "fever; pulse 70" and on the eighth day "pulse 90, fever; decided adipsia."

THE HEART EFFECTS OF ASCLEPIAS CORNUTI (SYRICIA).

This drug does not seem to get up the storm that the *asclepias tuberosa* does, for we read (Ibid.): "action of the heart seemed to be increased;" "pulse lowered from 98 to 67 (first day);" "pulse 63 (third day);" "pulse 60 (fourth, fifth, and sixth days)."

Another prover reports: "pulse 98." Diaphoresis and diuresis explains how this drug "lets up."

The *asclepias tuberosa* seems to be the deeper-acting of the two drugs—although similar in name they are not in action. Perhaps the picture given is not overdrawn, but from the back symptoms and the report on the thirty-sixth day of "paralysis of the right lung, with violent pains for half an hour in the forenoon" we are inclined to the opinion that the condition was one of spinal hyperæmia with pleurodynia—myalgic.

When the left side is involved by this disease it is often mistaken for serious heart disease—confusing even the family physician.

It is well to know the exact range and scope of our remedies and that is the only object of this brief analysis.

—Doctor's Boy: "Phew! It's awful hot for spring."

Doctor's Girl: "You ought to be thankful it's no worse. S'pose we lived in Arkansas; wouldn't that be awful?"

Doctor's Boy: "Arkansas? Why?"

Doctor's Girl: "You'd better study your g'ography lessons. The g'ography says Arkansas is famous for its hot springs."

How Cleveland Was Rid of Smallpox.

BY MARTIN FRIEDRICH, M. D.,

Health Officer of Cleveland.

The valuable experience gained in our fight with smallpox should not be lost to posterity. The success in exterminating the disease demonstrated, beyond doubt, the feasibility and immense value of formaldehyde disinfection on a large scale. It has also shown that thorough investigation, strict quarantine, and sanitary measures are most powerful weapons against the disease. It has further brought to light that vaccination with the commercial bovine virus, which is now generally used, has its shortcomings and its dangers. As a prophylactic measure to immunize mankind against the dreaded scourge its value is indisputable, but let it be done by the family physician in time of peace, with plenty of leisure and with humanized virus. Then a vaccination will usually last a lifetime. To overcome an epidemic it is too slow a means; it is too ineffective and unreliable.

We have no law to enforce vaccination; and, even if we had, vaccination is so unpopular that it would prove a dead letter. Vaccination will frequently not take. It will fail in cases in which prompt action would be most desirable, and for these reasons.

1. Vaccine is a very delicate product. Exposure to a high temperature will quickly destroy it. I am told that a whole batch was made inert by being placed on a radiator in a post office, but scores of points had been used before it was found out. That loses time. It ought to be placed in a cool, dark place in order to keep. The druggist usually keeps it on a shelf, the doctor in his satchel or pocket, where it may be dark enough, but what about coolness?

2. It may not be properly applied. The physician in his eagerness to avoid sepsis employs an antiseptic solution on the arm. That is sufficient, the virus will not take. Or he wants to be very careful not to draw blood and does not denude enough. He is in a hurry and does not take time to rub the vaccine in, or does not take time to let it dry before he lets go of the arm, which is very likely to occur when you have a school of from one thousand to two thousand children in front of you and should like to get through.

3. People submit to vaccination, but afterwards employ means to destroy its effects. In 1900 Dr. Stotter and I vaccinated the employees of a manufacturing plant, some three hundred. A smallpox scare was on and the manufacturers had brought pressure upon their employees to get vaccinated, offering to pay for it. The men heroically bared their arms and stepped up defiantly to be vaccinated, but I saw a good many afterwards go to the hydrant and wash off the vaccine! Last June, walking up the street, I met a crowd of children call-

ing to each other: "Are you vaccinated?" I knew then that the vaccinators were in the school-house, and I slackened my pace to hear the comments. Pretty soon I knew what they were up to. The grocery-man on the corner had told some of them that they must wash their arms to prevent them from getting sore. They communicated it to each other in a most lively manner, and all hurried as fast as they could to the grocery-store to wash their arms.

Two years ago there was a general complaint among medical men that the virus did not take, and a clamor was raised by the profession for points that would take. The manufacturers seem to have yielded to this pressure, and send out points which are active. Last year I was offered samples of points with a verbal guarantee that every one would work. I tried one of them. It "took," but oh, what an arm! I had to console the poor mother with the usual subterfuge that it was a splendid "take," that her boy would surely have had smallpox if he had come in contact with it, and that he would have had it very badly. The next point I tried on a man who was broken out with smallpox. I told him that it would modify the disease, and that he would not have it so severely. He had only a few pimples on him. His arm also became very sore. I had to tell him that the vaccination drew all the poison to that arm, and that he would have had a terrible eruption if I had not vaccinated him. Still I was not satisfied. I wanted to vaccinate someone who had just recovered from smallpox, to see whether it would take. For quite a while I could not find anyone foolish enough to let me try the experiment; but, as luck would have it, I was sent to a boarding-house to vaccinate all the inmates, for they had all been exposed. The first one who came up to me had had smallpox about six months before. He was a little gay from drink, and swaggeringly bared his arm, saying: "You may vaccinate me all you please." I knew him, and I used the point which I wanted to try. After I had vaccinated him he began to make fun of me, saying that it would never "take" on him, that it had been I who had sent him to the hospital, etc. This man developed such a horribly sore arm that I had to dress it daily for five weeks, and I did it willingly and thank my lucky star to-day that I got out of it so easily.

Last year the virus took altogether too well. Fully one-fourth developed sepsis. The arms swelled clear to the elbow; yes, clear to the wrist-joint, with high fever and enlargement of the axillary glands; pieces of flesh as big as a dollar and twice as thick would drop right out, leaving ugly suppurating wounds, which to heal took from six weeks to three months. I had to dress a little girl's arm for fifteen weeks before it got well. This is not vaccinia, it is sepsis pure and simple, and such a vaccination does not protect against smallpox; as I have found out at 60 Louis Street, where three children developed smallpox nineteen days after a seemingly successful vaccination, when

they ought to have been so immune that inoculation with variolus pus itself should not have produced the disease.

To top the climax four fatal cases of tetanus developed after vaccination. No one has ever demonstrated the presence of tetanus bacilli in any virus of any make. It seems to be a secondary infection. But no one can doubt that there is some connection between tetanus and vaccination. The vaccination seems to prepare the soil for the tetanus bacilli by causing suppuration.

Taking all the facts together, we can readily see that the virus at my disposal was not a certain means to check the spread of smallpox; that it could not be relied upon; that by its frequent failure to "take," or by causing sepsis, most valuable time was lost; and that the people became disgusted and grew suspicious of the Health Department, so that they became antagonistic instead of working in harmony with us, and hid cases and helped their neighbors hide them, jumped quarantine whenever there was a chance, refused information, etc. From the score of letters I have received from all over the country I find that others are having exactly the same experience that we have had here.

I came to the conclusion that the lymph we used contained more than vaccine, and that vaccination had become a drawback in the fight with smallpox, so I dropped it. I had been studying the last epidemic since 1899. I had seen it from a small beginning spread all over the city. I had watched the way it traveled and the means it employed in its progress, and had often reflected upon the circumstances which favored its development and hastened it on in its triumphant march. But there I had also learned which weapons were effective and could be relied upon with safety. The only means to strike it a death-blow is disinfection with formaldehyde. I am firmly convinced that it will do it every time, for it has done it here in Cleveland in every instance in which we have tried it. In 1899, and the beginning of 1900, all the smallpox patients were treated in their homes. Usually several of the family got it. After all were through desquamation, the scabs used to lie thick on the floor. The poison must have been concentrated in these rooms, but after a formaldehyde generator was put there and set going, and the house was thoroughly disinfected, all the poison was killed. Not a single case could be traced to a disinfected house, no matter how many cases had occurred there. Based upon these facts I proposed to the Mayor a house-to-house disinfection. I had walked up tremblingly to his house, for fear he would not approve of it and would deprive me of the opportunity to show to the world what could be done in a case of a smallpox epidemic with disinfection and formaldehyde, and I felt unspeakably relieved when he kindly told me: "Go ahead, doctor, and I will uphold you." And so he did. This was on a Saturday, July 27. Next Monday, July 29, we began disinfection and continued until Novem-

ber 9. I wanted medical students to do the work for the reason that they knew something about disinfection, and that I need not be afraid to send them into everybody's houses. I applied to the three medical colleges for all their available men, and put them on as fast as we could get machines.

Each man had to serve a day's apprenticeship. Finally I had a squad of forty men. Each man was supplied with a formaldehyde generator, and regular sanitary policemen were continually along with them to help the boys out when they got into trouble. Thus we disinfected every section of the city where smallpox had been, and every house of the section, no matter whether the disease had been there or not, and every room, nook, and corner of a house, paying special attention to the winter clothing which had been stored away, presumably full of germs. And I always enjoined the sanitary policeman to see that no water-closet was forgotten. The boys did their work faithfully and conscientiously. When I consider the enormous stretch of territory we covered, the great difficulties we encountered by meeting people of all nationalities speaking languages that none of my men understood; when I think of the presumptuousness of the proceeding, chasing people out of house and home and making them stand in the yards, alleys, and streets, during the time we filled their dwellings with a suffocating gas, I can only say to myself that the work has been done with infinite tact.

Along with disinfection went the sanitary measures. I called all the sanitary patrolmen into the office and instructed them to begin a house-to-house crusade against dirt of any description, to enjoin people to clean their yards and barns, drain all puddles or fill them in, abate all nuisances, clean all closets that needed cleaning, and enforce sewer connection wherever there was a sewer in the street, and also to look over dumps and vacant lots, and compel the owners to keep them in a sanitary condition.

Director Lapp, by instructing his policemen to work in harmony with the sanitary force, and, when he took charge of the fire department, by sending his men along with ours to clean up the wards which needed it most, showed his full and correct appreciation of the situation and deserves thanks for the encouragement, and credit for the material aid he gave us.

Along in June I pointed out that smallpox developed most frequently, and was hardest to eradicate, along streets which have neither sewer nor pavement. A great many of these streets and some in the worst smallpox districts have since been paved and sewered, and the work ought to be pushed ahead with all possible speed until there is no street left in Cleveland without sewer and pavement, for a city with dirt streets and insufficient drainage unwittingly invites every epidemic that rushes through the land.

The cleaning of the streets is one of the most important sanitary measures. It was done much better last summer than ever before, and my ad-

vice to the administration is to spare no money to keep up the good work. What the people of Cleveland spend in cleaning their streets they save in doctor's bills. Besides there will be a saving of human lives and of much unnecessary suffering, to say nothing of the comfort and satisfaction clean streets afford.

Smallpox is on the increase all over the United States according to the last report from Washington. We have extirpated the loathsome scourge from our midst, but I am fully aware of the fact that we have made no immunes, and that there is danger for Cleveland as long as the disease surrounds us. We cannot descend from the watch-tower as long as there is a case in the country, nor lay down our arms before the enemy has been exterminated throughout the land.

Another weapon against smallpox is quarantine, and it is a good one when it is kept without interruption. Mayor Johnson had the right idea what it ought to be when he ordered a high barbed-wire fence around the detention hospital and two men at every entrance. Make it so that no break is possible, or the whole is a delusion. Cats and dogs must be treated like persons.

Looking back over our smallpox history we find that in 1898 we had 48 cases, the next year 475, the following 993, and from January 1 to August 23, 1901, 1230. On this last date the last case developed in Cleveland. Eight cases have been imported since. I was called to take charge of the health office on July 21. We had 17 cases on hand and 7 cases more developed during my administration.

Almost six months have elapsed since the scourge has been exterminated from among our midst. When we consider all the means employed and measures taken during our struggle with the hydra-headed monster, when we sum up and try to reach a conclusion, in my opinion thorough investigation, strict quarantine, and sanitary measures come in for a great share in our victory, but the death-blow was dealt by formaldehyde.

The Cleveland Medical Journal, commenting on the work of Dr. Friedrich, adds: "It is only proper to say that the entire medical profession of Cleveland has full confidence in the integrity, scientific attainments, and administrative ability of Cleveland's Health Officer. By his efforts an epidemic of smallpox of some two years' duration was in a few weeks brought to a complete standstill by the expenditure of some ninety thousand dollars in the inspection and disinfection of houses and in the application of other well-known hygienic expedients."

—In Michigan they assess a dog one dollar for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.

*Gynecology vs. Homeopathy.**

BY A. M. DUFFIELD, M. D.,
Citronelle, Ala.

There is such a growing tendency towards the use of the knife before the law of Similia is even consulted, that one is almost tempted to transpose the word, and say insulted by having been given the direct cut, as it were, and thus totally ignored by so-called champions and best friends, that I feel it my duty to call your attention to this alarming state of affairs in our ranks.

I very much doubt if there are any of you, that are strict followers of Hahnemann, who, after thoughtful consideration, will take exception to my charge of too promiscuous pruning, extirpating and electrocuting of the ovarian and uterine structures before the indicated remedy has been given a chance to demonstrate the wonderful possibilities in the line of curing without mutilating the tissues. I would like to ask the older prescribers of our school, and those who live at a distance from surgical assistance, what their experience has been in the treatment of uterine and ovarian growths with their attending dysmenorrheas, etc. Have they held their hands and said we can do nothing for you, this is a purely surgical case and can only be relieved by the knife!

The testimony of those whom I have consulted on this point is almost unanimously the reverse, and unlike their brothers, who have graduated with a steel-edged beam in one eye and a serrated mote in the other, they penetrated into the bowels of their materia medica instead of their patients, and frequently more to their comfort and longevity.

The literature of homeopathy has many accounts of marvelous cures, where all the efforts of old-school tactics (I can't think of a better word) in consultation and out; and, may I whisper it, also, pseudo-homeopathic prescribing, had failed.

We are all liable to make mistakes; none of us are perfect, and therefore it is all the more necessary for us to be very careful in our prescribing as well as in operating; and let us search the drug-provings of our materia medica and carefully exhibit that remedy which is most closely indicated and watch its effect; and be sure that you have exhausted such resources before resorting to the heroic method, which is mutilating in its effect and cannot give back the parts it may destroy, and may also be unsuccessful. Carefully consult the following list of remedies: Calc. carb., calc. phos., calc. iodide., calc. fluoride, and calc. chloride; the iodides of mercury, barium, potash and sulphur; ergot; nit. ac.; kreosote; spongia; conium; thuya; hep. sulph.; graph.; sil.; argent. nit.; lachesis, lapis albus,

and do not be satisfied until you have selected the simillimum and given it a thorough trial, and you may add to your laurels already won by championing the cause led by Hahnemann.

I have had several instances where it seemed impossible to give relief, where growths have been controlled and reduced in size and finally obliterated, and the patient was made to enjoy being alive again. These cases had been diagnosed by others to be absolutely incurable except through surgery as a medium, and some of them even excepted that. What was their verdict after the patient got well? "Oh! simply a case of mistaken diagnosis, and might have got well any way." And what is this I hear? "There should have been an exploratory laparotomy in the first place." I wonder if any of you have ever made an exploratory laparotomy in a case of dysmenorrhea and found nothing to explain it; and then had it cured by the smallest kind of a dose of some simple remedy.

Have you never removed the ovaries as a dernier ressort, and left the patient in a worse fix than before; but then it was a pretty operation, wasn't it? the technique was so perfect and she really ought to have got well when her ovaries were gone, and she had been unsexed forever. And maybe an osteopath happened along after you had forgotten her and pressed upon the nerves in her lumbar region and inhibited them, and made her so comfortable and like living again that she would not have caressed the man who relieved her of her ovaries.

Now I do not wish to make light of this matter, but I do want to enlighten some of the latter-day, knife-in-the-hand-taught graduates that, as sure as it's a good rule to look before you leap, it's a pretty good rule to prescribe the indicated remedy before using the all-too-ready knife; and don't be dissatisfied if you don't get a result in a day or a week (for it takes time to change organic lesions), but, if there is no immediate danger, there is no great hurry. I have had a case of fibroid tumor that had been so diagnosed by college professors, and who would have put the case on the table at once, but for lack of a bed in the hospital, and was advised to wait until a vacancy; and in the meantime I put her on phosphate and fluoride of calcium, 6x potency; and at the end of the week there seemed to have been an arrest in the growth, and in three weeks she felt so much better she decided not to be operated on, and in six months was nearly well; the tumor having been reduced so that she was six or seven inches less in girth and able to work at the washtub again, without discomfort; and this is not an isolated case by any means. I do not wish it understood that I am opposed to good conservative surgery; far from it, I am enthusiastic over it, where it is an absolute necessity, but there has been such a great wave of teaching, in recent years, that if your hand offend thee, cut it off; if your uterus worries you or your ovaries are inconvenient, cut them out; and

* Presented to Southern Homeopathic Medical Association, 1901.

if you are afraid you might some time have appendicitis, have the good-for-nothing thing removed at once before it gets to cutting up on its own account; that I must ask you to consider this subject and its merits. Surgery is all right in its place, and it has a large field to work in, but don't sacrifice good intelligent prescribing for the seductive scalpel, but leave it as a *dernier ressort*; and do not believe all that you hear about its being the short route to recovery. Sometimes a remedy so simple as to be overlooked by the novice, and sometimes I am afraid by older heads, is the indicated remedy—and when I say indicated remedy, I mean the remedy which represents the totality of the symptoms.

♦ ♦

Caput Inflatum.

BY W. F. ELY,
Philadelphia.

In this article an attempt shall be made to discuss in a scientific manner a disease which has never heretofore been mentioned in medical literature.

Of the ætiology of the disease little can be said, owing to our lack of knowledge, although there can hardly be a doubt that the primary cause is a specific organism affecting the brain.

Heredity has but little effect, but in cases directly traceable to hereditary predisposition there is no hope of a cure.

Age plays a prominent part, as also does occupation.

The disease appears in two stages, one at the time of puberty and the other in the young adult.

As far as occupation is concerned, the miasm has a marked affinity for medical students, young instructors, and young editors. It is with the effect of the disease upon these persons that we shall base our investigations.

The gross pathological lesions are a parting of the hair in the middle, positively refuting the statement that All Gaul is divided into two parts. There is a spasmodic contraction of the levator labii superioris alæque nasi muscle with an accompanying contraction of the obicularis palpebrarum, and with this there is an excessive secretion of gall, accompanied by hypertrophy of the cheek.

The symptoms vary in the different stages. In the pubescent stage there is first noticed an impertinent manner and a disregard for all kinds of authority. Father and mother are spoken of as "The Old Man" and "The Old Woman," females are most cordially hated and snubbed, with the exception of one "She." He wears the highest collars and smokes the cheapest cigarettes purchasable.

In the young medical student and young instructor matters are somewhat different. Father and mother are "The Old Gent" and "The Old Lady," and instead of being able to love but one girl they have hearts large enough for all.

They will spend hours in traveling from one department store to the other annoying every lady in the place by their facial gymnastics, now vulgarly called "Goo Goo Eyes." Should they find a female suffering from the same complaint as themselves, they imagine that the divine spark of love has reached their soul and they are in heaven.

They contract debts and never pay them, and all for the sake of the "Angel."

They are inclined to drink cheap cocktails and whisky drops until even a medium gives them a spiritual stimulant.

The young instructor shouts aloud his knowledge, he insults and bluffs his students, he strikes an attitude, and laying his hand upon his chest, where he has broken his studs, says: "I, in my experience (one year) say that I am I! Behold me! Oh, what knowledge do I represent and what learning is mine!"

The young editor laughs at and scorns those who are long in the profession. He calls them old fogies, and in his editorials gives expression to thoughts similar to these, "All the knowledge of the ages is mine; should death visit me the universe must of necessity cease and Nature, her head bowed in grief, will say, 'I must now die; all learning and knowledge is gone.'"

The diagnosis is relatively easy, as it can be confounded with but one disease, Insanity, but is not so violent.

The prognosis is grave, unless very radical and most heroic treatment is used.

The treatment must be carefully given. In all cases rest is absolutely contra-indicated. In the pubescent variety, where authority is challenged, nothing is more efficacious than an external application of hickory oil, followed by a period of two hours of reflection at the wood pile.

In milder forms a fifteen-minute séance with the old man might suffice.

In the case of the young adults, the pleasure of earning their own living, a few hard turn-downs by sensible young women, a few minutes of an involuntary plunge bath, the contempt of sensible subscribers, a complete ostracizing of the young editor from meetings held by his elder brethren, and a vigorous application of the "Old Gent's" cowhides to the patient's glutei muscles would undoubtedly work an effective cure.

♦ ♦

Some Amusing Experiences.

The late Dr. Sayre had some amusing experiences while he was a medical student which he was fond of relating. The College of Physicians and Surgeons was then at 65 Crosby Street, near Spring. One day Dr. Post, one of the operating surgeons, was about to cut off an Irishman's leg. Young Sayre had made complaints that the talks in connection with the operation were not explicit enough, so Dr. Post went into an elaborate ex-

position of flaps and circular flaps, the application of the tourniquet in amputations, the stoppage of hemorrhage by hot iron, and the various kinds of amputations.

The Irishman lay on the operating table in full possession of his faculties, and as he listened to Dr. Post's discourse he grew whiter and whiter. Finally he jumped up from the operating table crying, "Get me me breeches, be gob; I'll die with me leg on!" And with that he was out of the room.

The patient was a fireman who had been injured while going to a fire.

Dr. Sayre found him several days later in a Watts Street dive, with his knee badly swollen. The young doctor had heard a lecture that morning on "tactus eruditus," so he performed an operation on the fireman's knee, opening the swelling and then binding up the wound.

The rest is best told in Dr. Sayre's own words:

"When my preceptor, Dr. Green, heard of what I had done he swore a blue streak. 'My God!' he said, 'you have opened the joint, something surgery abhors, a thing no surgeon ever did in the world.' But my patient got better. One day I had no lint to bind his wound with, so I used the tow stuffing sticking out of an old horsehair sofa. When I called again I found the wound open and free from pus. I could only conclude that the tow had caused the difference. I reasoned from this that tow, dipped in Peruvian balsam, would not only disinfect a wound, but would keep it free from pus. And this was the foundation of one of the most satisfactory successes I ever had in surgery. It was the means of introducing into the army the use of tarred hemp, or oakum, as a dressing for wounds.

"My fireman got well, and for twenty years sold apples from a stand at the corner of Broadway and Prince Street."

♦ ♦

The Nemesis of the Placebo.

A famous French physician of the Second Empire is said to have given the following prescription to a hypochondriac patient who worried him:

Aqua fontis.....	100 grms.
Illa repetita.....	40 "
Eadem stillata.....	12 "
Hydrogeni protoxyd.	1 32 "
Nil aliud.....	1 25 "
One drop thrice daily.	

This elixir, it is said, cured a large number of neurotics about the Court and in Parisian society. But it got the doctor into trouble at last through the indiscretion of a pharmacist. A grande dame de part le monde, as Brantôme would have called her, who had taken it for years with blind faith and unflinching success and recommended it to her friends as an infallible remedy for most human ailments, in an evil hour allowed herself to give way to the curiosity which proved the ruin of Eve. Consumed with eagerness to know the secret of

the composition of the wonderful panacea, she submitted the document containing the mysterious formula to all the initiated whom she came across. At last she found one who revealed the fatal secret. What explanation the physician attempted is not recorded, but there can be little doubt that the outraged lady explained her attitude in language more picturesque than polite.

A modern instance of the nemesis of the placebo occurred not many years ago to a well-known practitioner. He had a patient, a neurotic lady, as exacting as such patients can often be. He had at one time given her some opium pills, to which she became too much attached, and he finally decided to give her no more. On the following Sunday evening, while sitting at table after dinner, he received an urgent letter either to come at once or send some more of the pills. He sent the servant to the surgery for a pill box, and there and then rolled some pills from the crumbs on the table. He received a graceful letter of thanks stating that the pills had produced the much-desired sleep, and asking for the prescription; this he declined and was much pleased with himself on the whole. But his gratification was diminished a few mornings later when at 2 A. M. he was roused from sleep to send another supply!

♦ ♦

Severe Treatment.

The noise made by the burglar in the Ferguson pantry, slight as it was, disturbed the light sleeper in the bedroom not far away, and the midnight marauder was surprised a moment later to find himself covered with a big revolver in the hands of a determined looking man in a long, white robe.

"I haint done nothin' but eat a few cold victuals, mister," stammered the burglar.

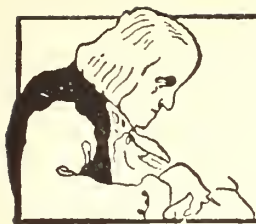
"I see," sternly replied George Ferguson, "you have been eating the remains of a strawberry shortcake my wife made for dinner last night. Do you know what I'm going to do with you?"

"Turn me over to the police, I s'pose," gasped the helpless thief.

"Worse than that," said Ferguson, with a ferocious grin. "I'm going to make you eat a quart of health food. It's a new kind my wife heard of and fixed up for us yesterday, and it's pretty dry eating, but you'll eat every particle of it or I'll bore six holes through you. There it is, in that big bowl. Turn yourself loose on it!"

With grim determination, the indignant householder stood over him till it was finished, after which he picked up the luckless scoundrel, who had fallen exhausted to the floor, and threw him out of the open pantry window.

"It may kill him," soliloquized Mr. Ferguson somewhat remorsefully, as he crawled back into bed, without disturbing the rest of the family, "but a man who breaks into another man's house takes his life in his hand anyway."



The Medical Library

By O B SERVER

Diseases of the Stomach and their Surgical Treatment.

The most important section of this work by Drs. Robson and Moynihan, and taking up rather more than one-third of its pages, is that devoted to the subject of gastric ulcer and its complications. This is a valuable addition to the literature of the surgery of the abdomen. Most readers, we think, accepting as beyond doubt the importance and, indeed, the imperative necessity of surgical intervention in the treatment of severe and acute complications such as profuse gastric hemorrhage and perforation, will seek in this volume for the most recent evidence in favor of gastro-enterectomy, which, as is well known, is regarded by Mayo Robson as the most reliable operation in cases of uncomplicated gastric ulcer.

The reduction, within a very short period of active work, of the mortality of operations for simple gastric ulcer from twenty-five to five per cent., has led both authors to insist on the importance of submitting to surgical treatment those cases in which medical treatment has failed to effect a cure in a reasonable time, or has been followed by relapse.

It may be questioned whether this claim for more frequent surgical intervention in cases of simple gastric ulcer is so well established by the authors as to meet with wide assent. Gastro-enterostomy, though a relatively safe operation, is uncertain in its results, and in many cases of malignant disease has done harm rather than good.

The main argument in this book seems to be that the mortality of gastric ulcer, if left to itself, is much greater than that of the operation performed with a view to its probable cure. We write "if left to itself," as the authors allow that the medical treatment of gastric ulcer, if properly carried out and for a sufficient length of time, is usually successful.

There can be no doubt that, as in many cases by medical treatment so by gastro-enterostomy, very great relief may be effected, but that this operation effects a radical and enduring cure still remains to be proved. In a large proportion of fifty-nine cases briefly recorded by the authors and left to the reader to analyze for himself, the operation was performed since the beginning of 1901, and in some of these within a few weeks before the issue of the volume. Included in this list is one case in which gastro-enterostomy failed to prevent fatal perforation.

The Mental Functions of the Brain.

Dr. Bernard Hollander describes his mission as "the revival of phrenology," and tells us that this book "aims at clearing up the mystery of the fundamental psychical functions and their localization in the brain." "It is the first work on the subject," he adds, "since the dawn of modern scientific research."

He has expended much labor in collecting and systematizing a large number of records of cerebral lesions found in patients who exhibited clinically various psychical abnormalities, a task which appears to have carried him very far afield, for, as he characteristically tells us, "even with the author's knowledge of languages the search was no easy one." However, he feels that his research has justified him in attempting to localize melancholia, kleptomania, violent mania, religious mania, nymphomania and many other psychological processes, though he surely cannot expect that his arguments will convince any reader who does not start with a strong bias in favor of his general position.

Cannot Dr. Hollander understand that the unpleasantly assertive and combative tone which pervades the whole book is not only not likely to make converts, but is extremely likely to repel many people who otherwise might possibly give him a patient hearing? Possibly a more enlightened examination of the external aspect of a man's skull might, as the author urges, give us new insight into the man's psychical capacities; but if Dr. Hollander wishes to advance the cause of phrenology, he would do well to adopt a more conciliatory tone and to write in a more scientific spirit.

Surgical Applied Anatomy.

This new edition bears on the title page the names of Treves and Keith. It is obviously intended for the use of the senior student; but to the practitioner who wishes to revise, in a pleasant and useful way, his knowledge of anatomy, this compact volume should prove invaluable. The descriptions are terse and clear, and there are but few points to which objection can be taken. It is, however, unfortunate that some of the old figures have been retained, and that occasionally the descriptions and the illustrations do not agree.

In one case—that of the description of the relations of the heart and great vessels—the authors have themselves thought it necessary to call atten-

tion to a discrepancy of this kind, but other instances are not wanting; for example, it is stated that a "skiagram of the kidney is obscured by the shadows of the last rib and the transverse processes of the two upper lumbar vertebræ"; inferentially therefore, and in fact, all three processes of bone are behind the organ, but the illustrations show a distinct space between the second transverse process and the kidney on the right side, and between both transverse processes and the kidney on the left side.

Again, it is stated that the upper epiphysis of the ulna is a mere shell of bone, but the specimen which has been utilized as an illustration does not substantiate the statement. Further, some of the figures are not correct representations of anatomical facts; certainly the superior hemorrhoidal artery is not distributed on the inner surface of the rectum in the manner indicated in Fig. 49; nor is the lowest point of the fixed portion of the male urethra situated beneath the suspensory ligament as indicated in Fig. 52. The vertical fissure which is represented in the lower part of the occipital bone at birth in Fig. 4 may exist in some cases, but it is not common in the form presented; and it is regrettable, in connection with the formation of meningoceles in this region that no mention is made of Kerckring's bone, which occupies the middle of the posterior part of the foramen magnum.

The statement that the arm loses its support from the thorax when the acromion process is broken behind the acromio-clavicular joint is scarcely correct, and the assertion that the cavity of the sterno-clavicular joint is V-shaped is misleading.

La Leprose.

Dr. Dom Sauton, physician and Benedictine monk, has devoted some ten years to the study of leprosy in its native haunts in various parts of the world. In the historical portion of the book the author supports the view that in mediæval times many diseases were included under the term leprosy, and chief among them syphilis. This gave rise to the popular idea as to the great contagiousness of leprosy. To the closing of the leper houses is attributed the epidemic outbreak of syphilis at the end of the fifteenth century. This opinion does not accord with that held by the supporters of the importation of syphilis by the followers of Columbus. Nevertheless, it is an explanation which is worth considering.

Geographical distribution is next considered, and this portion of the book is fully illustrated by photographs of lepers and leper settlements, including a view of the Molokai settlement, the scene of Father Damien's devoted labors.

The subject of ætiology is very thoroughly handled, instances of contagion being given at length. The conclusion arrived at is that leprosy is contagious, and that heredity in the true sense can be neglected in accounting for the spread of the disease.

That leprosy is contagious cannot be doubted, but it is a question of soil as well as seed, and everyone will not agree at all points with the author. His classification of the course of the disease, for instance, may not find favor with many, but his broad view that leprosy must, like syphilis, be looked at as a generalized infection is the right one.

Eczema, with an Analysis of Eight Thousand Cases of the Disease.

The third edition of Dr. Duncan Bulkley's work is really a monograph on eczema, a disease of perennial interest to the medical practitioner.

The value of Dr. Bulkley's views on the absorption of milk directly into the circulation without undergoing preliminary digestion in the stomach must be left to the experimental physiologist to decide. His plan is to give milk, pure and alone, and at the body temperature, one hour before the coming meal. The results have, he states, been highly satisfactory.

Die Faeces des Menschen in normalen und krankhaften Zustände, mit besonderer Berücksichtigung der klinischen Untersuchungsmethoden.

The first part of an elaborate work on "The Faeces of Man in Normal and Pathological Conditions, with Special Reference to the Methods of Clinical Examination," by Professor Schmidt and Dr. Strasburger, is written by the first named. It deals in two subdivisions with the macroscopic and microscopic examination of stools.

Considerable difficulty is met with in establishing the standard of a normal stool; this can only be secured by giving a standard diet both to normal individuals and to those suffering from intestinal disturbance. To mark the stools of each twenty-four hours the authors recommend besides charcoal the use of carmine powder, the amount given being 0.3 gram.

The practical lesson is impressed that frequency of stools does not depend upon the rapidity with which food passes along the alimentary tract, but upon the stimulating effect of the faeces upon the rectum. Flesh-eating animals pass but one stool in several days, whilst those whose food is restricted to vegetables pass several stools in every twenty-four hours. Biedert and Cramer by their observations have shown that in artificial feeding probably an excess of food is given, and they have reduced the intake of food, and thereby the output of excreta, without materially interfering with development.

Copious but infrequent passage of stools generally means some disturbance of the lower bowel, frequent and small stools of the small intestine. Clay-colored stools are met with independently of jaundice—for example, when much fat is taken in the diet and when bilirubin is transformed into hydrobilirubin. Connective tissue elements of food occur in the stools in all disturbances of gas-

tric secretion. In the second part of the volume elaborate details are given for the microscopic examination of the stools. Schmidt recognizes three forms of remnants of muscle fibers, one being quite rounded, and probably accounting for the "yellow bodies" described by Nothnagel as being formed of mucus.

**Ueber die Mischinfektion
bei die chronischen Lungentuberkulose.**

The influence of mixed infection in pulmonary tuberculosis has in recent years been much discussed, and yet very little has been arrived at in the way of definite conclusions. This is possibly due to the fact that workers in this subject have generally investigated it either from its purely bacteriological or from its clinical aspect, and few have considered it from both points of view in individual cases. This is what Drs. Schröder and Mennes have attempted with a considerable measure of success by a laborious and careful research in a long series of cases.

The varying results obtained by others in the examination of the blood of phthisical patients for micro-organisms are thought to be due either to the employment of insufficient aseptic precautions, or to the fact that the blood was taken in the last stages of the disease. As the authors point out, the death agony in phthisical patients may be so prolonged that general infection may take place even before death actually occurs. The results of post-mortem bacteriological examinations they also regard as valueless, as general dissemination so frequently occurs. The second chapter is devoted to a description of the method of investigation adopted. This is a modification of that employed by Kitasato, and consists in making cultures from sputum after very careful washing in sterilized salt solution. The organisms thus obtained were subsequently inoculated in rabbits.

The cases selected were six patients in different stages of chronic pulmonary phthisis. In all, besides tubercle bacilli other organisms were present, chiefly streptococci and staphylococci. The virulence of the cocci was always low. The course of the disease and the height and character of the pyrexia did not appear to depend on either the number or variety of the micro-organisms. The authors make the interesting observation that the virulence of the staphylococci is increased by an addition of streptococci. They do not regard the presence of bacteria other than the tubercle bacillus as affecting either the course or the prognosis of a case of phthisis.

**Die Protozoen
als Parasiten und Krankheitserreger.**

Dr. Doflein of Munich is known as the author of some valuable researches on protozoan fish parasites, and his present work is a detailed biological account of such protozoa as have been found to live a parasitic life, and in particular of

those which are known or suspected to induce disease in man, lower animals, and plants. Much of the book is necessarily of but slight interest to the medical man, who has probably little curiosity as to the varieties of sporozoa which inhabit the intestine of the blackbeetle. But when Dr. Doflein discusses the protozoa which have been blamed for animal diseases, his opinions, evidently weighed with care, are of considerable value. Thus he states most explicitly that the zoölogist cannot at present admit that any one of the so-called cancer parasites is a protozoön.

Worth Reviewing.

Tubercular Meningitis.—The first symptoms usually are headache, high fever, restlessness at night, starting in sleep, child throws the head backwards to relieve the pain. There is, first, an inflammation of the meninges of the brain, due to the tuberculous deposit. Following this we have the effusion of serum, when it is known under the name of hydrocephalus acutus. Following the effusion of serum we have pressure on brain, giving rise to various symptoms of compression of the brain, as paralysis, convulsions. There is usually a one-sided paralysis.

Under aconite the child is continually knocking the head. Previous to death the child will look as if it was much better, but it dies in a few hours.

In hydrocephaloid we have anæmia of the brain preceded by diarrhea, with exhaustion of the brain.

In hydrocephalus we have constipation and hyperæmia of the brain, followed by inflammation, exudation, paralysis, convulsions, diarrhea. The eyes settle back in the head in either case. In hydrocephalus we think of aconite, bella., and bry.

In a case of hydrocephaloid we would think of calc. carb., and lycopodium.

Podophyllum is indicated in teething irritation, diarrhea, protrusion of rectum after stool, grating of teeth. Stools after midnight, sour—this is the beginning of hydrocephaloid.

Phos. acid is indicated in the hydrocephaloid state when the patient's diarrhea has ceased and she is pale, will look at you, but won't wink for a long time; stares all the time; very reticent. In place of diarrhea comes profuse urination—of springwater-like appearance.

Scrofulous Sign.—A large full carmine-colored under lip is a symptom of scrofulous diathesis.

A pink line around the edge of lower gum, the rest of the gum pale, indicates phthisis.

The arcus senilis is a fatty line around the eye and indicates a fatty degeneration of the heart or kidney.

TOPICS OF THE HOUR

A Strange Problem of Ear Surgery.

A Chicago surgeon recently devised a procedure by which he hoped to transplant a healthy human ear, presumably to take the place of one destroyed by disease. But no opportunity of performing the operation presenting itself, he advertised for two subjects who should be willing to have their ears amputated for and in consideration of the sum of \$300. Two persons at once came forward. But then a difficulty presented itself—the law. Inquiring of legal oracles, the surgeon was told by a judge that if he removed a healthy ear from a human head, even with the consent of the person to whom the ear and the head belonged, he would be guilty of “mayhem.” As everyone may not know what “mayhem” is, we quote the definition thereof given in “Blackstone’s Commentaries.” In that classical work (Book I, chapter i) it is said: “A man’s limbs, by which for the present we only understand those members which may be useful to him in fight, and the loss of which alone amounts to mayhem by the Common Law, are also the gift of the wise Creator to enable him to protect himself from external injuries in a state of nature.”

Another legal authority, a State Attorney, informed the surgeon that the removal of one or more ears in the manner and under the conditions aforesaid did not constitute any crime known to the law. If Blackstone’s definition quoted above is to be taken as supplying the solution of this legal problem, we have no hesitation in saying that we agree with the minor prophet rather than with the judge. An ear may conceivably be useful to a man’s opponent in a fight as supplying a convenient means of steadying the head for punishment, but to himself, especially if it is prominent, it scarcely affords protection against external injuries either in a state of nature or otherwise. We, unfortunately, do not know how the matter ended. Probably the surgeon decided that it would be better for his own comfort not to supply the lawyers with so interesting a case for argument.

The First Osteopath.

Dr. J. S. Sprague of Stirling, Ont., thus writes of the first osteopath.

“In 1874 there resided in this village for a few months a bricklayer, whose name was Michael Edward Deegan, and whose time, when not at work at his trade, was devoted to playing the quack, and so successful was this illiterate, yet

witty and crafty, fellow in his work of massage and in his application of his ‘Life Saving Oil,’ which was colored coal oil, that I, in a happy moment and when hearing him recount some of his treatments, especially his success in fleecing some of the dear people, promised him that when he should decide to leave town I would give him a diploma. Such a day arrived and I handed Michaelis Edwardus Deegan a real parchment diploma, duly worded in Latin—so well done in India ink as to imitate the usual diploma. It was headed ‘Reg. Coll. Med. et Chirg. Hiberniæ,’ and the usual ‘omnibus ad quos presentes literæ pervenerint,’ and among the ten or twelve lines of Latin (really meaningless) there occurred such words as ‘Doctus,’ ‘Doctissimus,’ ‘Chirurgia,’ ‘Osteopath.’ The seal bore the impression of a florin, and the signatures of ‘Preses,’ ‘Cancellarius,’ ‘Professores,’ ‘Registrarius,’ although typical, were beyond deciphering, and such was designedly done. Having given my first graduate the usual valedictory address and warning him not to give any internal medicines, and receiving affirmative answers, Michaelis Edwardus Deegan left ‘our Collegium’ and ‘College of Fine Forces,’ as ‘Doctorissimus et Doctoratus ossapathiæ et osteopathiæ Scientiæ per leges consuetudines Collegii requisitis,’ etc., etc.

“Ecce homo! The primus ossapathicus aut osteopathicus stepped forth as an advocate of a new school. He went to — State and from there I heard that he was having success, that is, in pleasing the credulous. ‘Mick’ had learned a few expressions, such as ‘auto-infection,’ ‘reflex nervous excitation,’ ‘uric-acid diathesis,’ etc., so as to be on guard. Being able neither to read nor write, he was shrewd enough not to be trapped, and he attributed his poverty to the loss of valuable estates in Ireland at the time he was made a doctor in Dublin. After three years he returned to our Academic Halls. But alas! How changed from that Michaelis Edwardus Deegan, who so recently in all the flush of youth, freckled face, carrot-colored hair, an athlete and who by song or story, so delighted our verdant village people! Yes, alas! how changed this apostle of a kite-flying scheme. Its founder, our first and only graduate, now warped in every joint. The cat had come back. Rather, the diseases, his specialties; rheumatism and neuralgia, he had apparently absorbed.

“M. E. Deegan, D. O., however, had brought home with him testimonials from a dozen or more preachers, D. D.’s, several senators, etc., as laurels, so he said. But he did not start a college. If he had known how to read coarse print, no doubt he would have done so. Strange

to narrate, Diplomat or Dr. Deegan told me that he fooled several doctors who warmly congratulated him on having a Dublin degree, etc., and who befriended him. Thus we claim the illiterate Michaelis Edwardus Deegan, D. O., the first osteopathicus or ossopathicus, and if any osteopathic college wants or will want his picture as a headlight for diplomas and as a founder we will, if stamp be inclosed, cheerfully send it."

♦ ♦

Water as a Therapeutical Agent.

Dr. Ben. H. Brodnax sends the editor of the Medical Council one of his usually well-prepared, practical papers on the value of water in the treatment of the sick. So universally, says he, is this fluid diffused that it would be almost impossible to find any substance of which it does not form a part.

"The body is fully seventy-five per cent. water. This being so, the necessity for purity in the article with which to replace the daily and hourly loss, becomes apparent. At the same time the injury that may be done by an impure fluid is astonishing. Disguised in various ways, as in tea, coffee, milk, wine, or liquors, several pints find their way into the stomach daily to be thrown off by the breath, perspiration, urine, and feces, at the same time carrying away the various poisons formed in the body. This in a state of health. The opposite is the train of disasters that follow the non-elimination of these fluids and poisons. It is in this diseased condition that a pure water (not sterilized) is needed to dilute and wash out the causes of the abnormal condition. In fevers as a cooling drink, also locally applied at temperatures to ease pain in rheumatism, colic, enteritis, angina pectoris, and neuralgias.

"An old plan in colds, bronchitis, etc., is to immerse the feet in hot solutions of salt and mustard as a revulsive. It is equally good in pneumonia for the same purpose. It is salutary in a good many minor troubles, a very common application of hot water being either plain or medicated to the forehead to relieve headache; a common trick with the negroes is to boil May pop (*passiflora incarnata*) leaves, drink some of the tea, and bind the leaves, wrapped in a cloth, to any painful part. The concentrated tea, with 1 tablespoonful each of boric and carbolic acid to the pint, makes a nice fluid extract that will keep for a long time. I have some mistletoe, prepared that way, three years old.

"It is only quite recently that the immersion of the entire body in cold water of various temperatures has been used for continued fevers, pneumonia, typhoid, and meningitis, by Dr. Rice of New York City. Pneumonia seems to be the favorite disease for its best use. Many years ago (1875), in a case of meningitis in a girl eight

years of age, after I had tried everything then in vogue, I put her into a tub of cold rain-water, and poured it from a large tin cup on her head, letting it run down over the body, effecting a return of consciousness with the request to be taken out, as 'it was cold.' To control fever afterward, I used water and whisky on cloths spread on the naked body, and fanning when the fever was high. I am satisfied she owed her recovery to the bath and cold cloths.

"Tepid baths and sponging are favorite modes of allaying bodily heat and eruptions, and it is my favorite mode of treatment. In measles, where the appearance of the rash is delayed, a hot bath will bring it out, as also do copious drinks of warm holly-leaf tea. As compared with cool applications, the cold, all-over bath cannot be so well carried out in the country, the cold or hot pack taking its place. Talking of hot baths, I once put a man who had a congestive chill, into a barrel of pretty hot water. He squatted down in the barrel with the water up to his chin. The desired sweat appeared in a few minutes. I have several times put young people into barrels and tubs of hot water for the same reasons. This same warm-water method is also the only way in which to give medicines and water in congestion and inflammation of the stomach. Cold water is instantly vomited. Congestion is the first stage of inflammation, and is often mistaken for it.

"The present treatment of fevers, as compared with that of fifty years ago, is much more sensible and humane. I have a very feeling remembrance of the hot room, blanket, mercury, and no-water treatment of those times. While the cold bath in continued fevers is rational, the use of it and ice in malarial troubles should be discontinued. Anyone who has the daily, almost hourly, presence of malaria before him in its many forms knows that the sweat is the climax, and the end much to be hoped for. It stands to reason that applications of cold water or ice to the throat, breast, stomach, sides, and thighs defers the hoped-for sweating stage. In every case in which I have seen ice used in malarial fever the patient has died, and, in my firm belief, solely from the use of the ice, thereby continuing the cold or fever stage too long for a rally. In the stomach, cold or iced drinks taken with or after eating tend to unsettle digestion. It is well known that the stomach does its best work at the bodily temperature. So that hot or cold drinks cause an effort on the part of the organ to bring the temperature back to normal, but at the expense of time and digestive force. There is no more fruitful source for stomacheal trouble than ices (ice cream and ice water) after meals, and it is well to remember that chloroform or ether internally, in teaspoonful doses in glycerin, is the treatment for such condition.

"In burns, scalds, and abrasions, where the skin is partially removed and the clear serum

issues, do not use water at any temperature, but coat the surface with pure fluid carbolic acid full strength, all over and a little beyond on the undamaged skin; the pain ceases instantly, and a light bat of cotton, and one thickness of bandage to keep it in place, is all that is needed."

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The Value of Hypericum.

Dr. Giles F. Goldsbrough, Physician in charge of Diseases of the Nervous System, London Homeopathic Hospital, contributes a most excellent paper to the Monthly Homeopathic Review, under the title of "A Case of Paralysis Agitans Complicated With Spinal Traumatism: The Value of Hypericum," which we copy as follows, and, en passant, call special attention to the clearness of symptomatic data as herein detailed:

The following case is deemed worthy of record as illustrating interesting features in paralysis agitans, in the diagnosis of spinal traumatism complicating the former malady, also the value of hypericum as a remedy in the latter condition. The following are the notes of the case, by Dr. Grantham Hill, formerly resident physician at the London Homeopathic Hospital.

G. H., a man aged fifty-four, formerly a clerk, but of no occupation for two years, and living alone, was sent by Dr. Roche of Norwich for admission to the hospital, under Dr. Goldsbrough. For two years he had had much anxiety; previously he had been in the Indian army for nine years, when he had dysentery, also a soft chancre for which he was treated locally, no secondary symptoms following. His present illness began two years ago. He retired to rest in good health one night and awoke at dawn finding his left arm shaking violently and his head slightly, and on attempting to walk found a weakness of the left arm and leg. He remained in bed a few days and slowly improved, the tremor becoming less and the power of walking partially returning. So much was the improvement that he was able to go out and ride a tricycle. A few months afterwards he had a fall from his tricycle, when he is said to have been unconscious for some hours. He was removed to Chelmsford Infirmary, where he remained seven days, and came out comparatively well, except there was no change in the tremor of his arm and leg. Two or three weeks ago, on waking he was seized with a severe pain in the left loin, accompanied with nausea and profuse perspiration. On attempting to walk, the left leg was much weaker than usual. This condition lasted a week or more without improvement. There was no change in the amount or appearance of the urine passed, or in micturition. Patient was admitted to the London Homeopathic Hospital on March 30, 1901, and the notes taken the next day.

Condition on Examination.—The pain in the loin has nearly ceased the past two days. He has

been resting in bed since admission. Mental state.—A sensitive, timid man. Answers questions intelligently. Suffers from despondency. Sleeps fairly well. Calls out frequently during sleep, but has no recollection of dreams of any kind. Speech slow, otherwise normal. Sensorium.—Headache over both parietal regions. Organs of Vision.—No nystagmus. Pupils react to light and accommodation. Movements of ocular muscles good. Arcus senilis well marked. Hearing, taste, and smell normal. Sensory system.—Has a band of hyperæsthesia at the level of the fourth lumbar vertebra. Motor system.—Distinct loss of power of the flexors and extensors of the left arm and leg. Rigidity of facial expression especially marked on movement. At rest there is no tremor, but on movement a moderately coarse tremor of the left arm and hand and head, which is increased by attention directed to it, and which can be nearly entirely controlled by the will. Reflexes.—Plantar sluggish on right side, more active on left. Epigastric and abdominal absent on the left side, normal on the right. Patellar normal on the right, exaggerated on the left. Sphincters normal. Digestive, circulatory, and respiratory systems normal, also the urine.

Progress and Treatment.—No medicine was given until April 5, when hypericum 6x was ordered, rest in bed being carefully enjoined. On April 8 there was general improvement, the pain had entirely ceased. He feels stronger, and the tremor was less marked. April 11.—Still improving. Has some pain in the left great toe and cramp in the left leg and foot. Is constipated. To have nux v. 3x *nij* night and morning. Continue hypericum. April 15.—Improvement continues. Has lost pain in toes. April 22.—Grasp of hand much stronger. April 27.—Discharged much improved.

Patient subsequently visited the out-patient department, and the change in his condition, compared with that on admission to hospital, was very striking. His gait was normal, expression much brighter and less rigid; no tremor was visible throughout the visit. He had had no return of pain of any kind.

Remarks.—As regards diagnosis the case at first looked very puzzling. Hemiplegia, paralysis agitans, some form of spinal paralysis, all presented themselves as possible hypotheses. The pain in the loin also much resembled renal colic. The conclusion arrived at, however, was the only one which accounted for all the symptoms. Much allowance had to be made for the man's exaggerated functional sensitiveness. This gave the appearance of his illness a much more serious aspect than it really bore. The essential condition, however, was, and is, a beginning of paralysis agitans, the rigidity of face and the character of the tremor and weakness being a warrant for that conclusion. The pain in the loin I regarded as neuralgic, which, with the zone of hyperæsthesia and the added symptoms

referable to the spinal cord, could be attributed to spinal traumatism, and a probable lowering of the vitality of the nervous system from privation.

The effect of rest in bed, good feeding, and hypericum bore out this view of the case, and as all symptoms indicating spinal traumatism and abnormal functional sensitiveness disappeared, the true character and degree of the paralysis agitans alone remained.

An Apt Illustration.

From an exchange we clip this: Entering an office I found myself confronted with the most thrilling temperance lecture I ever steered myself against in the whole course of my life. It was an inscription marked with a pen on the back of a postal card nailed to the desk. The inscription read as follows:

WHICH?
WIFE OR WHISKY?
THE BABES OR THE BOTTLES?
HOME OR HELL?

"Where did you get that, and what did you nail it up there for?" I asked.

"I wrote that myself and nailed it up there," was the reply, "and I will tell you the story of that card. Some time ago I found myself falling into a drinking habit. I would run out once in a while with a visiting customer, or at the invitation of a traveling man, or on every slight occasion that offered. I soon found that my business faculties were becoming dulled, that my stomach was continually out of sorts, my appetite failing, and a constant craving for alcoholic stimulants becoming dominant. I saw tears in the eyes of my wife, wonder depicted on the faces of my children, and then I took a long look ahead.

"One day I sat down at this desk and half unconsciously wrote the inscription on that card. On looking at it upon its completion, its awful revelation burst upon me like a flash, I nailed it up there and read it over a hundred times that afternoon. That night I went home sober, and have not touched a drop of intoxicating liquor since. You see how startling is its alliteration."

Helping the Railroads.

John Fox of Milltown, N. J., is working for himself without arms or hands, but is playing directly into the grasp of the railroad corporations. He can fish, shoot, plow, saw wood, deliver and collect the mail, row a boat and do lots of other things, besides which he is a first-rate carpenter and mechanic, yet he has on his stumps only two iron hooks. Says he: "Anybody can get along without arms, if he has to. Every time I row, fish, hunt or plow I find a bet-

ter way to do it, and it continually grows easier to get along." With such testimony as this presented to a jury, it is likely that damages for arms lost in railroad accidents may be reduced to a minimum.

Scattered Triplets.

An old soldier who had served his twenty-one years was discharged at Portsmouth. He went to the station with his wife and children and demanded three half-fare tickets for his three youngest.

"How old are they?" asked the booking clerk suspiciously.

"Elivin years, all av them. They're thrip-lets," was the answer.

"Fine youngsters," said the clerk, "where were they born?"

"Pathrick was born in Cairo, Bridget was born in Bombay an' Mickey was born in Madras," was the proud reply.

Book Reviews.

A Text-Book of Surgery. By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the Seventh German Edition by Benjamin T. Tilton, M. D., Instructor in Surgery, Cornell University; and John Rogers, M. D., Instructor in Surgery, Cornell University. Edited by Lewis A. Stimson, M. D., Professor of Surgery, Cornell University. Volume I. The Principles of Surgery and Surgical Pathology. With 516 illustrations. New York: D. Appleton & Co., 1901.

From the number of German editions which have appeared of this work, authorized and unauthorized, it is safe to infer that it is possessed of intrinsic worth, since counterfeits are always made of things that are good and excellent, and never of the base and worthless. The American translators say that this book is made into a compact and small volume (to be followed by other volumes), in order to give the student a thorough knowledge of the principles of surgery before taking up surgical diseases and injuries of special parts. And, furthermore, that the surgeon of to-day, who wishes his work to be fruitful of the best results, must keep pace with the advances in the fundamental sciences underlying the art. From this, and other readings in this book, we gather the thought that surgery has ceased to be merely a display of instruments (with the makers' name largely emblazoned thereon) together with a thorough knowledge of anatomy, and a technique; in short, that surgery begins where medicine never left off,—where medicine insensibly, perhaps, demands the aid of the former, bloody makeshift. The book, such parts as we have had the time to read, is in good form and workmanship, and carries conviction. It is the latest of surgical literature

which is in the market, and we fancy is as nearly perfect as it is possible to make the record of an art which is hourly changing.

♦
The Diagnostics of Internal Medicine. A Clinical Treatise upon the recognized Principles of Medical Diagnosis. Prepared for the Use of Students and Practitioners of Medicine. By Glentworth Reeve Butler, A. M., M. D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician to the Brooklyn Hospital; Consulting Physician to the Bushwick Central Hospital; Formerly Associate Physician, Departments of Disease of the Chest and Diseases of Children, St. Mary's Hospital, Brooklyn, N. Y.; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of Kings; etc. With 5 colored plates and 246 illustrations and charts in the text. New York: D. Appleton & Co., 1901.

We have already, on a former occasion, referred to this work and commended it to our readers. But we have no hesitation to repeat that exordium, given now under different auspices, and to say again, in the form of a Book Review notice, that Dr. Butler's work is one of the finest which it has been our pleasure to review in full many a year. This may be praise in the superlative degree; if it be, let it so stand—for the book is worth it. Its letterpress is scholarly and scientific, while its pictures are of the first rank of excellence. The author has conceived the happy idea of taking the half-tone pictures of living persons—actresses most likely—and by a few deft lines of the pen and blurs of the color-brush, indicat[ing] in the most graphic manner the sites of pain, and of disease; so that, having been once seen and studied by the student or practitioner, the picture will not easily be erased from his memory. He has taken every phase and form of the multitudinous ailments of the human body, and described and pictured them in such excellent fashion that his work will live long after he himself may have been gathered to his reward. To refer to this or that special chapter or department of disease would be time needlessly spent, for each chapter is as good as that which preceded or followed. We have browsed in many of its pages at haphazard; we have studied all its pictures; and we have no hesitation in recommending Butler's book to every student and practitioner of medicine.

♦
A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, A. M., M. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, of the American Academy of Medicine, and of the British Medical Association; Fellow of the Medical Society of London. New York: D. Appleton & Co., 1901.

This is the newest edition of this popular work, the later edition having been called for by the many newer ideas in the diagnosis and treat-

ment of these diseases. It is abundantly embellished with chromogravure plates, as well as many other graphic pictures to illustrate the theme, which is, in the main, a visible one, and cannot be taught didactically, any more than can anatomy. The author is still in the prime of his virility with pen and picture, and the newer readers, those who have come to the fighting-line since the last edition was uttered, will find the new book a fine one for every purpose in this line of specialty.

♦
Practical Medicine. By F. Mortimer Lawrence, A. M., M. D., Assistant in Practice of Medicine, Hahnemann Medical College; Chief of Medical Clinic, Hahnemann Hospital Dispensary. Philadelphia: Boericke & Tafel, 1901. In cloth, \$3.00. By mail, \$3.25.

Imprimis, it is "awfully" good to see so fine a book, prepared by so excellent an author, with so little of the flourish of trumpets and illuminated-transparency on the title page. No long row of initials, no half page of small type chronicling the membership of the author in every little society the world over. Simply a statement of the barest facts to give currency to his identity. And nothing more. And the same masterly brevity adorns each page of his book. Dr. Lawrence is undoubted master of his subject. Every page and every paragraph on every page is pregnant with that idea. It would be difficult to open the book at haphazard and not be interested, after reading but a dozen lines. The subject is one which will carry a perennial interest when we of this generation, and others of all after-coming generations, shall have been gathered unto our fathers, and the last man is seated upon the ruins of the last bridge, sketching the ruin of all human life. The author dips into his work without unnecessary circumlocution. He does not explain and amplify, and deny and hedge, upon this or the other theory, creed, or system. His mission is to give his readers the facts as they appear to him; upon which others may build their glittering hypotheses, if so minded. Every subject known to modern disease-study is brought to the front and dispatched, with sufficient length and discussion to give a good starting point for practical usage. Dr. Lawrence is an up-to-date physician. But he could be no other while inhabiting a professorship in "old" Hahnemann of Philadelphia. That is a notorious hotbed of advanced men, students and thinkers in every line of medical work. A view of the teaching corps discloses the names of many who have become deservedly famous in the medical book world, as well as in teaching the very best to be found in homeopathy and allied science-medical. While Goodno and Bartlett are acknowledged masters in practice-writing and teaching, Dr. Lawrence follows closely upon the steps of these masters; giving due credit, confining himself,

however, to the student point of view, while these other great teachers and authors have taken the greater field of the practicing physician. In speaking with some of the professors of the Cleveland school, we learn of the great favor in which they hold this volume; and we doubt not the same praise will be accorded to it from other teachers in other of our schools. And the hypercritical homeopathic editor of *The American Physician* has not so far been able to find a single instance of wavering in the recommending of the homeopathic remedy and in the singleness of the original teaching. We heartily recommend this book to the profession as well as the student world, in the belief that the greatest good will come to the reader, because the book is alive, free of must and dust; the red blood of interest and information coursing through every page and through every subject. The Hahnemann "boys" have a reputation for their homeopathy and thoroughness in medicine, wherever you find them. We sincerely congratulate Dr. Lawrence and the homeopathic profession upon this addition to the bookshelf.

♦

The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M. D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Physician-in-chief to the Johns Hopkins Hospital, Baltimore; Formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Fourth Edition. New York: D. Appleton & Co., 1901.

This is the fourth edition of this noble work by the popular Osler, within less than ten years. What greater praise than this could be sounded for a purely scientific work? The present edition has been, in many places, rewritten in toto, to bring it up to the last moment before it felt the bite of the cold type; for Medicine is a progressive science—and especially with the brethren of the old school. The subject of typhoid fever, as well as of malaria, has been recast; so also have dysentery, yellow fever, and the plague, which have attracted the attention of so many workers that it is difficult to keep pace with the rapid progress of our knowledge. On the all-important subject of pneumonia the student will find many new paragraphs; and the same is true of smallpox, cerebro-spinal fever, rheumatic fever, and many others of the infectious diseases. Practically new articles, in whole or in part, are those on acute tuberculosis, diseases of the pancreas, splenic anæmia, arsenical poisoning, herpes zoster, adiposis dolorosa, fibrinous bronchitis, albumosuria, oxaluria, Meniere's disease, aphasia, combined sclerosis of the cord, myasthenia gravis, congenital aneurism, surgical treatment of aneurism, and scurvy.

In a word this fourth edition is necessary to every owner of former editions in order to be up-to-date on the practice of medicine.

LITERARY NOTES.

—A very timely "Treatise on Smallpox," to sell at \$3.00, is announced for publication early in April, by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer, and John H. Huddleston, all of whom are officials of the Health Department of New York City and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's "Photographic Atlas of Skin Diseases" published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of Variola, in the successive stages of the disease; also unusual phases of Variola, Vaccinia, Varicella, and diseases with which Smallpox is liable to be confounded. These illustrations number 37 and will be grouped into 10 colored plates, $9\frac{1}{2} \times 10\frac{1}{4}$ inches, and 6 black-and-white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

♦ ♦

—The Century for April is filled with a number of excellent articles, among other of the shorter stories being "Two Men," by Dr. S. Weir Mitchell, which is a little gem of purest ray serene; and "Chimmie Fadden on Napoleon." Chimmie, it seems, went to see Sally Bernhardt do *L'Aiglon*,—he and Duchess went,—and this article is descriptive of his visit and impressions. His condensed history of Napoleon is a master bit of writing, "a top-liner for fair." The reminiscences of the "Lee Surrender at Appomattox," though a trifle trite, are still well told and will hold the interest of the reader. All manner of people will find something of interest in this issue of the Century.

♦ ♦

—A Boston man who went to the country for the entire summer last year was thoughtless enough to take his departure without bidding good-by to the Chinaman who does his washing. In some way John secured the address of his patron, and soon after his arrival in the country the gentleman received the following epistolary effort from John:

"Deer Custommer: i hear me you go off an' i let you no i like to wash you some more When

you be back. My respecks to you an' I hope you let me wash you just the samee for you nice genelman an' a coustommer i like. when you be back some more you let me no an' I be there to get your londrey for i have adoration for you an' i make you my friend. I now go to Sundy shool to learn to read an' rite so Melican christun not sheet me in my londry works. My teachah velly nice lady so i hope i wash you all the time.

"GEE FUNG."

—From "Walnuts and Wine," in Lippincott's for April.

—Apropos of the visit of Prince Henry, the Review of Reviews for March comments editorially on Germany's relations with the United States, and especially on what the editor chooses to term "the American-German element" in our population and their loyalty as Americans. There is also a full discussion of the recent Anglo-German amenities and England's attitude toward the United States in 1898. Another international topic of great importance treated in this number of the Review is the recently announced compact between England and Japan.

Obituary.

Death of Dr. John R. Haynes.

March 15, 1902.

Editor AMERICAN PHYSICIAN:

The enclosed copy of resolutions is for publication in your journal. Dr. Haynes was one of the pioneers of Homeopathy, having been in active practice almost half a century. He was struck by a trolley car, in front of his home, in this city, on the evening of March 11, and killed almost instantly. Dr. Haynes would have been seventy-nine years of age, had he lived two days longer. His aged wife died of apoplexy on March 11, 1900—exactly two years preceding his own death.

Very truly,
W. E. GEORGE.

Resolutions passed by the Indianapolis Homeopathic Medical Society March 12, 1902, upon the death of its oldest member, Dr. J. R. Haynes.

WHEREAS, It has pleased an all-wise Providence to remove from our midst, by the hand of Death, our beloved fellow-member, Dr. John R. Haynes, and

WHEREAS, His loss is particularly felt by reason of his long and intimate association with this Society, and his unflinching devotion to his chosen profession, be it

Resolved, That the Indianapolis Homeopathic Medical Society hereby expresses its profound regret at the sad calamity which has taken him

from among us, and extends to his family its deepest sympathy.

A. A. OGLE, President.

W. E. GEORGE, Secretary.

W. R. STEWART,
C. B. M'CULLOCH,
Committee.

♦ ♦ *H. B. Platt Dies Suddenly.*

Henry B. Platt, manufacturing chemist, and known well throughout the United States as the maker of Platt's Chlorides, died Friday night, March 28, in the Pennsylvania Railroad ferry house in Jersey City. He was on his way to take a train for Atlantic City, where he intended to pass Easter with his wife and family. He was taken ill on the ferryboat, and by the time it reached the slip on the Jersey side he was in a state of collapse.

Railroad attendants carried him into the waiting room and a physician was summoned, but by the time he arrived Mr. Platt was dead. Heart disease was the cause.

Mr. Platt had a most extensive acquaintance among the medical profession who will be pained to hear of his sudden demise.

New York State Homeopathic Medical Society.

The Fiftieth Annual Session of the New York State Homeopathic Medical Society was a pronounced success from every view-point; about one hundred members and visitors were enrolled. The character of the papers presented, the spirited discussion of the same, the resolutions adopted—looking toward a betterment of the profession and a closer guardianship of the public health—were all high encomiums upon the progressive spirit of the Empire State Homeopathic Medical Society. Harmony, earnestness, and progress were most noticeably present.

President John T. Greenleaf gave a short address.

The Secretary, De Witt G. Wilcox, presented the bound volume of the Transactions as embodying the minutes. Upon the acceptance of the same, he read an editorial which appeared in the Buffalo Sunday News bearing upon the said Transactions and which read as follows:

"From Dr. De Witt G. Wilcox the News has received a copy of the Transactions of the Homeopathic Medical Society of the State of New York for 1901. It is a big book, over three hundred pages. The fly leaf bears in black letters this definition: 'A Homeopathic physician is one who adds to his knowledge of medicine a special knowledge of Homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right.' This utterance of Dr. E. H. Porter, President of the

Society in 1898, is 'ordered printed conspicuously in the Transactions every year,' and is significant. Its apparent meaning is that Homeopathy stands for plus instead of minus nowadays—the new school accepts the knowledge of the old and seeks to add to it. Science has won its inevitable victory in the field of medicine. The factions that were intent years ago on discrediting what each other knew are content to add each other's acquisitions to a common stock now. In this field of effort competition is succeeded by co-operation, or survives only in the form of rivalry in achievement. The world is better for Homeopathy. It has moderated the old dosing and severe alterative treatment, external and internal. The world has been good for Homeopathy, too. It has taught its advocates the lesson that medicine has been slow to learn in all ages—that a single principle is not all of nature, and that all knowledge pertaining to life and death is vital to a just application of any theory to the cure of disease."

Dr. W. S. Garnsey, the necrologist, reported the deaths of Dr. Charles L. Bonnell, Brooklyn; Dr. Henry Von Musits, New York City; Dr. H. C. Houghton, New York City; Dr. Henry Foster, Clifton Springs; Dr. A. E. Underhill, Brooklyn.

Dr. John L. Moffat presented a report on the Increasing Interest in the Materia Medica, in substance as follows:

"The response to our efforts has been so meager and the criticisms of our report so adverse, that it would seem advisable to form two Committees next year of members who have not manifested any special interest in this subject. If they cannot tell us how they can be interested, to whom would it be logical to apply? Dr. Myron H. Adams sent, too late for our September report, the following verifications that are fixed in his mind by many years of experience, quoting them from memory rather than copying them from a text-book:

"Alumina.—Constipation characterized by great intensity of rectum with hard round balls for stools (bryonia).

"Argen. Nit.—Time passes too slowly, also indigestion, flatulence with sense of great distention, severe headache.

"Carbo Veg.—Belching of gas soon after eating, the same mixed with sour rancid food, great similarity to Argen. Nit."

Dr. E. H. Porter, on the Legislative Committee, reported the defeat of the Osteopathy Bill and the passage of the bill to discontinue Board of Managers for the State Hospitals and placing the management of the same in the hands of the Lunacy Commission. Although this was an administration bill (emanating from the Governor) yet it received the most pronounced opposition from all quarters of the State as being unwise and tending to centralize too much power in the hands of political appointees; thus the distribution of five million dollars is made by a board of five commissioners. We are, however, assured that our own Homeopathic State Hospitals shall

not suffer by this change, as they must, by virtue of their charters, remain under the superintendency of Homeopathic physicians.

After the reading of a paper by Dr. LeSeur of Batavia upon "Vaccination" a series of safeguarding resolutions were adopted.

The election resulted as follows: President, John L. Moffat, Brooklyn; first vice president, M. C. Ashley, Middletown; second vice president, Bukk G. Carleton, New York City; third vice president, Charles A. Gwynn, Auburn; secretary, De Witt G. Wilcox, Buffalo; treasurer, Frederick J. Cox, Albany; necrologist, W. S. Garnsey, Gloversville.

Out of thirty-three papers promised twenty-five were presented.

♦ ♦

Reunion of the Alumni Association of Hahnemann, Philadelphia.

The Annual Reunion and Banquet will be held on Thursday, May 15, 1902. The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, and the banquet will be held at 9.45 P. M. at Horticultural Hall, Broad Street above Spruce.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-fourth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music.

W. D. CARTER, M. D., '94, Secretary
1553 South 15th Street Philadelphia.

♦ ♦

The Local Committee of the American Institute.

All arrangements are rapidly completing for making the meetings of the American Institute of Homeopathy in Cleveland a success long to be remembered. The local profession welcomes every member, and promises that in the matter of hotels, railways, entertainments, and the like, no disappointment will be experienced. Every promise heretofore made will be fulfilled. One of the principal features of the week's meeting will be the coming together of the various college alumni forming a grand College Alumni Association, who will have special rooms assigned them in the Hollenden Hotel, and, on one evening, be given the large Assembly Room in the hotel for the "round up" with general jollification, music, singing, and speeches. On another evening a reception, ball, and banquet will be given at the Colonial Club on Euclid Avenue. The usual first-night opening services, addresses of welcome, President's Address, etc., will be held in the Chamber of Commerce building, where all the meetings of the Institute will be held. The Memorial Exercises are also suitably provided for.

On Saturday the Erie Railway has tendered

an excursion to Cambridge Springs, Pennsylvania, where the visitors will be the guests of the Hotel Rider. During June Cleveland is famed for its beautiful weather and its cool sleeping nights. It is justly called the "Forest City" with its miles and miles of paved and shaded streets, for driving, walking, and bicycling—a boulevard system connecting its many beautiful parks and waterways, and an unparalleled system of trolley lines. The meeting place and the hotels are adjacent and in the very heart of the city, accessible to the railways, places of amusement, the principal stores, and points of interest. A cordial and most hearty welcome is extended to every homeopathic physician—and his wife—to meet in Cleveland this summer with the American Institute of Homeopathy.

GAUS J. JONES, M. D.,
Chairman Local Committee.

♦ ♦

Homeopathic Medical Society of Kansas.

The Thirty-fourth Annual Meeting of this Society will be held in Topeka, May 7, 8, and 9. An open rate of one and one-third fare from all railroads in the State is assured. An unusually inviting programme is promised, to include the presentation and discussion of noteworthy topics of the day by eminent practitioners of Kansas and neighboring States.

Information relative to the meeting may be obtained from the secretary, Clay E. Coburn, M. D., Kansas City, Kan., or the following bureau chairmen: Sociality and Fraternity, Chas. Lowry, M. D., Topeka; Materia Medica and Organic Law, W. B. Swan, M. D., Topeka; Surgery, H. W. Roby, M. D., Topeka; Obstetrics and Gynecology, W. A. Minick, M. D., Wichita; Clinical Medicine, J. W. Tiffany, M. D., Hiawatha; Legislation and Public Institutions, Chas. Lowry, M. D., Topeka; Dental and Oral Diseases, E. Baumgardner, M. D., Lawrence; Eye, Ear, Nose, and Throat, S. C. Delap, M. D., Kansas City, Mo.

♦ ♦

College Mention.

St. Louis.

Seventy-eight students took the Missouri State Board of Health examination for license to practice medicine last May. Of that number five were homeopathic students of this college. Licenses were granted to fourteen, three of the fourteen being homeo's. Note the percentage, please; isn't it rather gratifying to the homeo's?

The graduating class has decided to wear evening dress in preference to cap and gown at their graduating exercises this year.

Dr. Willis Young, holding Chair of Surgery in our college, while operating at City Hospital became infected through an abrasion on ring finger of left hand, which proved to be rather serious, passing up arm and involving axillary glands. He is now a convalescent and we hope to have him with us in the near future.

Vaccination has become an epidemic, here in St. Louis; such epidemics are needful for the preservation of health, although it is a disputed question even among professional men of our town.

Dr. Wm. C. Richardson addressed the H. Q. S. on the subject of Climatology, Friday evening, March 14. The Doctor is rather partial to Florida, especially this season of the year.

♦ ♦

Philadelphia.

Thursday evening, March 13, Dr. Christine appeared before the members of the Hahnemannian Institute and gave them a very entertaining and instructive talk upon the use of the X-rays in diagnosis.

Quite a number of the students are making provings of drugs under the direction of Professor Mohr.

A student in one of the classes a few days ago, in answer to "treatment for stone in the prostate," advised hysterectomy.

An obstinate case of sciatica, which was accompanied by pains similar to colic, responded promptly to the administration of colocynth.—Mohr.

The case of an elderly man was presented for consultation. The patient was troubled with persistent vomiting and was greatly emaciated. His case had been diagnosed as cancer of some part of the digestive tract by his physician. On making a physical examination no lesions were found. In the examination it was brought out that the man often drank as much as a gallon of water during a night, and the water was retained.

The man, placed upon a prescription of bryonia, had a complete recovery.

The bulletin board is covered with gold-brick offers from doctors who are offering practices of from \$2500 to \$5000 for the sum of \$500. "Reasons will be given the purchaser later."

The majority of our men are fairly reasonable fellows and they fear to accept of so much generosity; and besides it hurts one's bank account more to be gold-bricked than sandbagged.

The Medical World has taken our students by storm. It is a journal which is published at the

rate of one dollar a year, and yet it is sold to the students, in clubs of fifty, at the rate of ten cents a year. Publishing medical journals must be a profitable business.

The men are all down to the real thing as far as work is concerned. There are but few more lectures and then there comes that time of awful misery to both instructors and students—the examination period. May the goddess of success aid every one of our men and bring them off conquerors. It is to be hoped that “the catch-question fiend” may remember the time when he sat upon the benches and did not know it all.

♦ ♦

Detroit.

The Hahnemannian Society of the Detroit Homeopathic College has been reorganized with the following officers: President, Professor R. C. Olin; vice president, Charles S. Strain, '02; second vice president, E. H. Bailey, '03; secretary, Sarah E. Fitch, '05; corresponding secretary, C. A. Martin, '02; treasurer, H. O. McMahon, '02. Meetings are held every other week, and are both interesting and profitable to the students.

One of the principal events in Detroit society was a card party given in the college building, under the auspices of the Ladies' Society of the Detroit Homeopathic Dispensary. Nearly three hundred guests were present and handsome and costly prizes were given, and as a result a hundred dollars were added to the treasury to supply the dispensary with medicines and instruments.

Dr. G. W. Augustine, formerly of New York City, has been chosen by the faculty to succeed the late Dr. Ganow as lecturer on materia medica to the first and second year classes.

The man with the “musical heart” was exhibited before the senior class a few days ago, through the kindness of Professor McLaren. The gentleman had an interesting story to tell, as well as an interesting heart to listen to.

Professor E. J. Kendall recently celebrated his birthday anniversary by sending a box of fragrant smokers down to the students. The boys all joined in wishing our bachelor professor many and frequent returns of his birthday.

The Wayne County Medical Society at a recent meeting passed resolutions requesting the Governor to remove Dr. Albert Lodge of Detroit from the State Board of Medical Examiners, alleging that he had protected a would-be member of the medical profession who is practicing in this city and who had twice failed to pass the examination of the board. Dr. Lodge is one of the homeopathic members of the board. At present writing none of the other local societies have taken the

matter up. Dr. Lodge has replied through a local paper, stating that he thought the gentleman was competent to practice, and as he had deposited the fee for taking the next examination before the board that he should be given another chance.

DETROIT HOMEOPATHIC COLLEGE.

Professor and Mrs. C. C. Miller held the annual reception for the students and faculty on the evening of February 20, at their beautiful home on Winder Street. A large crowd was present to enjoy the programme and supper.

Professor and Mrs. W. M. Bailey gave a party for the students of the college on the evening of March 7. Cards, dancing, music, and an elegant supper were some of the things that helped make a most enjoyable time for those present.

Professor Alfred Graham, who is now in California, has been chosen to deliver the faculty address at the Commencement Exercises for this year, which will occur April 23.

The Hahnemannian Society of the College has has become a real live organization again, and is holding weekly meetings with good attendance. Besides the papers by the students, we also have frequent talks by some member of the faculty, or from the profession in general.

The several medical societies of the city have appointed committees to work together in an effort to suppress some of the “graduates” of diploma mills and other illegal practitioners, who are still doing business in Detroit contrary to the medical statute.

Dr. J. B. Kennedy has been reappointed a member of the Detroit Board of Health by Governor Bliss. This appointment is especially pleasing to the students of the D. H. C., as Dr. Kennedy is our friend and often shows us many interesting surgical cases from his private practice, at Grace Hospital.

♦ ♦

Ann Arbor.

The Post-Graduate closed with the last semester. Dr. Spencer's visit from Cleveland was the feature of the course. His clinic in Dermatology was well worked up for him before-hand, and he had about twenty-five typical cases for illustration. His work was well received and even applauded by the visiting physicians, about forty of whom were in attendance that day. During the last week of the course Dr. Kinyon performed about thirty-five operations in gynecology; Dr. Smith, in surgery, made twenty-five interesting operations; Dr. Copeland's clinic, which is always the largest, was overflowing; so were the clinics in

medicine and neurology. Thirty-six special lectures and papers were read or delivered by the faculty and their assistants.

Dr. Hinsdale, Dean, gave a lecture, in January, before the Saginaw Valley Homeopathic Society at Bay City; his subject being "A Review of Medicine, with Special Reference to Therapeutics."

Dr. Kinyon is frequently called to distant parts to make operations, his last trip was to Grand Rapids.

Dr. Copeland administers the affairs of the city, being Mayor, vigorously and to the entire satisfaction of the best citizens.

Dr. Dewey is called to Fort Wayne, Ind., to give a popular address upon some subject pertaining to Homeopathy before the society of that city.

A few new courses have been added to the curriculum this semester. One, a series of lectures by Dr. Smith to the Sophomores upon the Principles of Surgery. Another, a new clinic, by Dr. Hinsdale, Clinical Therapeutics. This makes three clinics in medicine; the other two being a Demonstration Clinic and the General Medical Clinic.

Upon almost every clinic day some physician from a distant part is present. Such visitors usually bring cases. The hospital is well filled; during no month last year were the collections, from clinical cases alone, less than a thousand dollars. At the rate of five or six dollars a week the average attendance can be figured out.



Travel as a Medicine.

"The great disease [says an unidentified exchange] which has been treated by the prescription of travel is general paresis. This disease, coming on generally in men over forty years of age, as the result of over-work, over-worry, or dissipation, has been largely treated by ordering the patient away from home. The pleasure of travel, the change of life, the removal of the cause of the disease, have all combined to suggest to the physician that this is the ideal form of treatment. There has been a reaction, however, spreading through the medical profession in the last ten years against the use of travel in cases of paresis. Instead of doing good, the excitement of travel, the expenditure of nervous force, and the consequent exhaustion, hastens rather than retards the course of this insidious disease.

Nowadays, it is considered better treatment by the leading authorities in paresis to order the quiet of some secluded home in the country for such patients, or the systematic life to be found in a well-managed private hospital for nervous or insane patients, with the use of a modified form of 'rest cure.'

"Undoubtedly, the ideal cases which are to be benefited by the pleasures and experiences of travel are those in which there is depression of the vital forces, rather than in actual disease. To people worn out by work, or worry, or a monotonous round of duties, travel is a peculiarly happy antidote. Of course, even here, as in all things, moderation must be practiced, and the travel should only be of sufficient amount to stimulate the patient without producing subsequent depressing reactions. To such cases as these travel is a perfect panacea."

The man who puts off his pleasure and recreation until he is touched by paresis, or any other form of disease, will find that he has waited too long. It is no more possible to enjoy a European trip, taken at fifty-five upon the doctor's commands, than it is to enjoy a "month of Sundays." Give yourself rest and relaxation as you go along. "Break away" from your treadmill at stated intervals and be a free man. All pie is as bad as all soup. Mix the two judiciously.

Seeing Things. in a Glass Ball.

Some unknown friend of ours took of his revenue sufficient to mail the accompanying circular to us:

"Society could do worse than follow Andrew Lang's advice and go in for 'crystal-gazing.' Mr. Lang, in an article in the London Monthly Review, has been recommending his readers to purchase crystal balls from the Psychical Research Society, peer into them earnestly and see what they shall see, then send along the result to the secretary of the society, a branch of which has been established in the United States with headquarters at Newport, R. I., the summer home of America's elect.

"In the society's instructions to its members, of whom there are thousands at this day in the United States, they are told to go alone into a room, sit with the back to the light, the crystal at a just focus in the lap on a dark dress or a dark piece of cloth, exclude reflections, think of anything they please and stare for, say five minutes, at the crystal. That is all.

"The crystal is a spherical ball of solid glass, about two inches in diameter. The society has known people who have seen in a crystal things that were actually happening miles away. More wonderful, the society has known two persons gazing into separate crystals at the same moment

and seeing the same picture. Why can people see pictures of real persons and real things in this way? It may be a rudimental survival of some organ that was useful to man when his ancestors were other kinds of animals."

We have in times past gazed into a coffee-cup with coffee-grounds, we have sat in a circle of spiritualists and heard the marvels of spiritdom until we had cold feet, and we recently had a patient who lay on his right side, twenty minutes in a dark cold room twice daily, thinking himself into health—he has since died!—but we have not yet invested in this crystal ball. As we are a trifle anxious to know just how the American Institute of Homeopathy is going to ride these two untamed Barbary steeds at one and the same time—namely, the regular sectional meetings and the independent societies meetings—we would be obliged, indeed, if this our unknown friend will send us a ball, in order that we may see what is going to happen in the instance mentioned.

The Other Fellow's Ox This Time.

"The sentimentalists who devote so much energy towards the suppression of experimental scientific research conducted upon the lower animals will find an abundant harvest of absolute wanton cruelty on all hands, if they care to look for it. How many anti-vivisectionists, we wonder, eat foie gras? Do they know that it is made from the diseased livers of geese which are deliberately brought to death's door by treatment that is diabolically cruel? The unfortunate birds are cooped up indoors in boxes so arranged that the head alone can be moved. They are then crammed with a rich diet, which is forced down their gullets. Under these circumstances the liver soon becomes affected, and in about three months has attained an enormous size from fatty degeneration. The larger the liver the more successful the process. The most valuable livers are those of a green tint; that is to say, fatty livers impregnated with bile pigments. The center of this trade is Strasburg, which sends out annually about £150,000 worth of this delicacy. A recent petition to the civic authorities of London to exclude foie gras from the banquet recently given to the Prince of Wales has excited the liveliest alarm among the merchants of Strasburg, inasmuch as, after Paris, England is their next best customer. Three months of forced feeding is required to bring the unfortunate birds to the proper pitch of organic degeneration, so that their livers may tickle the palate of fat gourmands. Of a truth, any anti-vivisectionist who eats foie gras is committing an act of farcical incongruity. On the one hand, he is eating a toothsome morsel procured by a course of prolonged torture prac-

ticed upon a harmless domestic fowl, while, on the other, he is railing at scientific men whose aim in experimentation is the highest conceivable—namely, the alleviation of suffering among mankind. Meanwhile, Strasburg flourishes and science is tied hand and foot in the United Kingdom."—Med. Press and Circular.

In one well-remembered instance of our boyhood, the goose was nailed by her foot to a board, and each morning corn was put into her mouth by the small handful and its ingestion facilitated by stripping the outside of the neck until the corn had gone down.

When to Send Children to School.

"Dr. I. N. Love of New York, the talented editor of the Medical Mirror [says an exchange], states that education should begin at eight and children should not be sent to school until the ninth year. In support of Dr. Love's arguments, Dr. Kershaw of St. Louis points out that almost all of America's greatest men were sons of farmers and lived in the country until they were nearly twenty-one years old, most of them doing hard manual labor. When they did take up their studies they had good health, strong bodies, and clear brains. Dr. Mary Dodd, the hygienist and principal and supervisor of public schools in St. Louis, states that it is a mistake to send children to school before the ninth year. Eight years should be given to developing a good physical condition and preparing the brain as a storehouse for knowledge."

We quote this, first, because it is a seasonable and sensible article, and, second, because the mention of the name of Dr. Mary Dodd recalls that spectacular party and her sister, both of them doctors, who in our early recollection wore the Mary-Walker form of dress, to the amusement of the gamins and others not gamins. It is not necessary to commit a murder in order to describe it intelligently; and doubtlessly, also, an unmarried woman could make a first-class President for a Mothers' Congress. So perhaps these spinster sisters, excellent ladies both and doctors, and now well along in life, can give the best of advice upon the proper time for sending children to school, and the like.

A Severe Arraignment of McKinley's Physicians.

"If God was guarding the President, where was He when the vile fiend fired the fatal bullet? Was He asleep or preoccupied when the surgeons, only five days after the bullet tore its way through the complex walls of the stomach, put whisky and coffee, and toast and beef-tea, all at one time, into

the wounded organ? Why were they not informed that it was a physiological impossibility for these wounds to have healed in that time? And that the active motion set up in the stomach by the presence of food would interrupt any healing that might have already begun? Why were they permitted after the action of their 'oil and calomel' to give another meal, in view of the dire results of the first?

"Why were they not reminded that a man of the President's physique could have lived without risk or injury thirty days, if necessary, without a mouthful of solid food; and that it was unnecessary to take away the only chance of life the wounded President had by giving the torn stomach work to do when absolute rest was the *sine qua non*?

"No; it will not do to thus libel the Creator by charging Him with the evil results of the sins and crimes and blunders of men!"

This is from the virile pen of our friend and first-class homeopath Professor Dr. W. J. Hawkes, now of Los Angeles, and occurs in a little pamphlet entitled: "Is Tuberculosis Contagious?" Aside from the purpose of the whole paper, which was to show that consumption is an inheritance, however remote, and, hence, the nonsense of the microbe theory, this extract is eloquent in summing up the active causes of the President's death, as we have contended from the first moment.

Not All Dead Yet.

"Chicago has a society known as Raw-Food-Eaters. They recently gave a banquet to their President, Professor Byron Tyler, who goes to New Mexico to promulgate the doctrines of uncooked diet. In his speech, the Professor told of the wonderful progress Chicago had made in the matter of restoring the world to perfect health through the raw-food diet. Resolutions were adopted declaring that nearly all the ills to which humanity is heir are due to the disastrous practice of eating cooked food. All present gave testimonials as to the wonderful cures they had experienced themselves, and witnessed in others, through the raw-food diet."

Now when we add to this that other gentle fad of fasting for thirty days, merely living on cold water; and then consider the proposition of the socialists of Cleveland who advocate free clothing and free books, the millennium do seem to be approaching; for presently there will be no longer any need to work. If we are not to eat, and are to have our clothes and trolley-car fare free, what incentive is left to get up in the early morning and go to bed at night, in order to earn a living? "And the woods is full of 'em."

This Inconoclastic Modern Age.

From the Pacific Medical Journal we clip the following:

"In 'Theories, Apparitions, and Visions, relating to Biblical History and the Koran,' Sir Thomas Lauder Brunton, the great medical authority, declares that in his opinion the seers of Biblical history were afflicted with nervous diseases, notably epilepsy. He states that sodium salicylate used for rheumatism often produces the same effect. He declares that certain forms of headache produce peculiar zigzag apparitions, which, in conjunction with excessive imaginations, were doubtless accountable for the fairies seen. This zigzag appearance is to be found in Doré's drawings and in the spirits of Dante. In Sir Thomas' opinion, 'if Mohammed had been dosed with bromide of potassium when he had his visions, there would have been no Koran and no Mohammedanism.'"

And so it goes, this modern craze for destroying the myths of our infant history. It has been some time since this eminent Sir has been in the medical public eye. As we remember, he had large place once upon a time in a controversy concerning the value of homeopathic medication and at that time, for some of his medical pilferings, was called Thomas Larceny Brunton. Now he is unhorsing another superstition, as he supposed he was doing in the former case. If he succeeds as well with his epilepsy-theory as he did in his homeopathic combat, he will have to take thought and time and "guess-up" something else to keep his distinguished name before the footlights.

Globules.

—The Illinois Homeopathic Medical Association will meet in Chicago, May 13, 14, and 15 on the seventeenth floor of the Masonic Temple. A banquet will be given on one evening at the Auditorium Hotel to the visiting members outside of Cook County by the resident physicians. Dr. E. H. Pratt is president, and Dr. E. J. George, secretary. It seems needless to add that these meetings are always well attended.

—The Thirty-third Annual Meeting of the Michigan Homeopathic Medical Society will be held at Mt. Clemens, Hotel Egnew, May 20 and 21. A handsome programme is furnished, with the half-tone portraits of its officers heading each page. The programme recites a promised feast of good things in the way of medicine and surgery, though, in a good many places, the line usually occupied by the title of the paper is filled with "Paper." But, as this programme was issued long in advance of the meeting, these

"blanks" will doubtlessly be properly filled-in and thus make a rousing good meeting of this State society.

—The annual meet of the Northern Indiana and Southern Michigan Medical Society is due at a very early date, as usual at Elkhart, where the genial secretary, Dr. H. A. Mumaw, keeps things a-doin' and a-movin'. This is a very creditable society and does much good work.

—A third edition, enlarged and revised, of Dr. Carleton's book on "Uropoietic Diseases," will be ready in about one month. The book will be thoroughly up to date on diseases of the Kidney and Bladder, with their latest surgical, general medical, and homeopathic treatment. The book consists of 400 pages. Price \$3.50.

—The Twenty-eighth Annual Report of the Superintendent of the Cincinnati Sanitarium for the year ending November 30, 1901, lies before us. Judging from the excellent report of Superintendent Dr. Orpheus Everts, this institution is in most flourishing condition and worthy the support of the profession.

—Dr. W. A. Dewey, the genial and progressive editor of the Medical Century and author of a row of Essential homeopathic text-books, has been invited to deliver an address before the New York Homeopathic College on its alumni day, May 8. As this is to be at the Flower Hospital, which is such a great surgical hospital, Professor Dewey proposes to discourse, in his usual trenchant and convincing way, on homeopathic *materia medica*.

—The Minnesota Institute of Homeopathy is after its members and chairmen to get a "hustle" for its oncoming meeting. It has issued a page of print giving the names of the bureaus and the chairmen, and urges all receiving this notice, who are not in the bureaus, to put themselves in communication with the secretary, who, as always, continues to be our handsome friend and brother-editor, Dr. Henry C. Aldrich, 608 Nicollet Avenue, Minneapolis. Take due notice and govern yourselves accordingly.

—The Hahnemannian Advocate has again changed its editorial staff, in that it gave Dr. T. C. Duncan but one issue of his name on the cover page. Now this doctor is not only off the page but off the faculty of the Dunham school. A good many changes take place in that journal and school. There seems to be a decided unrest somewhere, and the wonder comes whether something couldn't be given for that Uneasy Feeling by the Greatest of Living Masters in Homeopathic *Materia Medica* as Father used to Practice it. There was some trouble about the introduction of a "bonypath" as Gould calls the Osteops—and some other minor troubles. And so the author of several heart-books is again *au large*. The current number comes without any editor.

—Dr. C. E. House, as a member of the Special Committee on Life Insurance appointed by the Eastern Ohio Medical Society to investigate the cause of the prejudice now existing towards physicians and surgeons of the homeopathic school of medicine as examiners for old-line life insurance, has issued a circular letter to the various life insurance companies, putting the claims of the homeopathic school in good and eloquent phraseology.

In an accompanying letter to the homeopathic practitioner, the latter is urged to take up arms in the fight and help the cause along, reporting cases of crass injustice.

—At the Fourth Annual Banquet of the Business Men's Association of Middletown, N. Y., our own Dr. Selden H. Talcott was called out, who, though unexpectedly called upon, after some bright prefatory talk, dealt with the subject of expansion introduced by the previous speakers, in eloquent, timely, patriotic words, that were received with uproarious applause.

Though the good doctor has been among the people of Middletown for twenty-five years, the kind, affectionate greeting that he always receives shows that he is the kind that "wears." Certainly his splendid, noble qualities are appreciated at the true worth by those who have had long opportunity to know him; and we know that such appreciation upon the part of home friends, tried and true, is inexpressibly dear to him.

—Dr. Albert Rufus Baker has removed to No. 604-5 New England Building, Euclid Avenue, Cleveland.

—Dr. Evelyn S. Pettet of New Brighton has been elected to membership in the Women's Homeopathic Medical Association of Pittsburg. Dr. Pettet is one of the progressive physicians of the day and State, and will prove a faithful member as well as a shining light to this society.

—The Homeopathic Medical Society of Southeastern Ohio held its regular meeting in the parlors of the Hotel Rogge, Zanesville, on February 14, with a fine and enthusiastic attendance. There were present, among others: Drs. H. F. Biggar of Cleveland; M. P. Hunt, A. B. Nelles, J. W. Clemmer, and W. B. Carpenter of Columbus; L. C. Wells and H. E. Hunt of Cambridge; W. G. McGee of Chandlersville; Banks of Cooksville; O. B. Cumberaker of Duncan Falls; S. F. Edgar, Martha A. McBride, D. H. Crawford, J. B. McBride, and C. Moore of Zanesville. The papers were few, but to the point. They were well prepared and equally well discussed. The Zanesville physicians entertained the society most royally.

—It gives us pleasure to chronicle that that stanch, old-fashioned homeopath and general good fellow and host, Dr. Selden H. Talcott of Middletown, N. Y., has been loving-cupped by the Board of Managers of his State hospital upon having reached his twenty-fifth anniversary as Su-

perintendent of the hospital. Pleasant words were spoken on both sides, mingled with many pretty stanzas of poetry. Dr. Talcott, notwithstanding his twenty-five years of labor in this one hospital, plus the other years preceding these last named, is not an old man by any sort of manner of means. He is, in good sooth, the youngest "kid" in Middletown to-day. He will never have an old heart. He will always wear that soulful smile which greets you at all times. He will always be the same debonair entertainer, good story-teller, and sympathetic friend which has bound to him so many of the profession and those also outside of it. For "he's a jolly good fellow, which nobody can deny." Lookin' at ye, over that three-handled loving cup, and may you live long and prosper!

—"It is a fact worthy of record that during the year 1901 there were imported into the United States 120,359 cases of G. H. Mumm's Extra Dry, or nearly 60,000 cases more than any other brand. This is certainly a banner performance, and but goes to show how much appreciated the good qualities of Mumm's are in this country. It is certainly a beautiful wine, and well suited for use by the sick."—*Canadian Journal of Medicine and Surgery*, March, 1902.

—The Maltine Company of New York is saving some of the money usually devoted to penholders, penwipers, paper weights, paper-cutters, calendars, and the like, and has put two lump sums, one of one thousand dollars, the other of five hundred dollars, in the hands of a committee of three eminent professional men, as prizes for essays on Preventive Medicine. Competition is open to graduates of all recognized medical colleges. A special condition made is that in no part of the essays shall there be mention made of the Maltine products, nor even hinted at. We congratulate this progressive company upon its new feature, and sincerely trust that out of this symposium of talent some good will come for the ultimate betterment of the human race.

—One of the homeopathic schoolmen of Chicago says that, if it were not for the eclectic and osteopathic aids, some of the alleged homeopathic colleges of that city would put up their shutters.

—The Quarterly Meeting of the Worcester County (Mass.) Homeopathic Society was held in the Y. W. C. A. rooms on February 12, 1902, at 10 A. M. A number of timely and excellently prepared papers were presented, after which there was a banquet in charge of our good friend, Dr. J. P. Rand, with a list of bright after-dinner speakers. The occasion, judging from reports received, was an impressive and happy one and added to the prestige of Homeopathy.

—The Ann Arbor homeopathic folks had a little scrimmage with their ancient enemy, the allopath, when Judge Watkins innocently stirred up the latter by appointing Professors Hinsdale

and Kinyon to examine the mental and physical condition of a presented patient. Although visited and expostulated with by old-school surgeons and practitioners, Judge Watkins did not revoke his order.

—We learn that the Twenty-fifth Anniversary of the Homeopathic Medical Society of Western Massachusetts was observed recently with a fine business meeting and a following banquet. More than a hundred people were present, including the wives of members; and the gathering was the most successful, from both a social and scientific standpoint, which the Society has ever held. The after-dinner speaking, which was had under the toast-mastership of Dr. J. P. Rand, was a feature of the observance, and toasts were responded to by men and women eminent in the profession. Among those present we find Drs. De Witt G. Wilcox, Horace Packard, F. E. Doughty, Isabella Beecher Hooker, J. M. Lee, J. H. Carmichael, and others whose names are become as household words in the homeopathic profession. The newspaper account, from which we copy the facts above recited, takes especial pains to say that the committee in charge of the observance consisted of Dr. O. W. Roberts and Dr. Alice E. Rowe, and that to them must be given the fullest credit for the success of the programme.

—The annual competitive examination for interne in the Metropolitan Hospital, New York City, will be held at 75 W. Fiftieth Street at 2 and 8 P. M., May 2, 1902. The hospital offers unusual opportunities for perfection in the arts of physical examination, general medicine, surgery, and pathology. There will be seventeen vacancies; three to be filled at once, five on June 1, and the remainder on completion of the building, December 1, 1902. The term of service varies from a year to eighteen months; the choice depending upon the examination.

With letter requesting entrance to the examination, a letter from the secretary of your college faculty and two from business men will be required.—B. G. Carleton, M. D., Chairman Committee on Examinations.

—The Seventh Post-Graduate Course in Official Surgery by E. H. Pratt, M. D., will be held in the amphitheater of the Chicago Homeopathic Medical College, corner Wood and York Streets, Chicago, Ill., during the week beginning with April 28, 1902; having a four-hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address E. H. Pratt, M. D., 100 State Street, Suite 1203, Chicago, Ill.

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Medical Progress

Pneumonia Following La Grippe.

BY L. C. M'ELWEE, M. D.,
St. Louis.

Probably one case out of every twenty cases of la grippe as they come, and possibly one case out of every ten in people after the age of fifty, suffers from pneumonia after being thoroughly infected with grippe. In these latter cases the danger is great and the percentage of mortality is enormously high. The cases seem to go from bad to worse, and do what one may, as a rule, the cases terminate fatally.

The chief difficulty seems to be with the pneumogastric, as the heartbeat gets very rapid, and consequently weaker, and the ciliated epithelium of the bronchia becomes so insensible as not to throw off the mucus as it accumulates, thus interfering with the proper aëration of the blood and all oxidization and proper metabolism. The question of the hour is, what shall we do to save them when we get patients like these? Of course we must apply the indicated remedy as nearly as possible, and if it is sufficient, all well and good; but it sometimes happens that no difference how well we seem to have the symptom group matched by the remedy, we do not "get the answer" we seek. Or if we get a partial result, the entire case does not clear up as we should like, and there is a trace of a cough left, and the patient becomes rapidly tired and exhausted on slight exertion, and perspires easily with sweats at night, which they call "night sweats," and immediately jump to the conclusion that something worse is coming, *i. e.*, phthisis; and in a number of cases unfortunately their fears are too well grounded. Although psor., calc. c., and bryo. may cover the cough and sweat symptoms, and digitalis the heart symptoms, the nutrition seems to suffer. Some artificial food or chemical nutrient is often of the greatest assistance to our remedies in the way of adjuncts. Thus, when a patient comes to the physician with a hacking cough and is losing weight, and appetite poor, with sweats at night as soon as he goes to sleep, we "size up" his financial abilities, and if able recommend that he go to the gulf coast of Florida, or Southern California near the coast to avoid "colds" from frequent changes of temperature, and where they can stay out of doors practically all the time. But in case the change in climate cannot be had, then the patient must be instructed to avoid as much as possible sudden variations of temperature, and promote the general nutrition of the body as much as possible.

As a means to that end in addition to whatever the patient will eat and can digest of ordinary food, the exhibition of Hagee's Cordial of Codliver Oil compound, after meals for several weeks, is productive of good results.

On account of the presence of all the active principles of codliver oil in this product nutrition seems to begin again with its pristine vigor; flesh is taken on, and the impending calamity is averted.

1221 North Grand Avenue.

*Removal of Gunpowder Stains.**

BY E. G. CORBETT, M. D.,
Hampton, Fla.

On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocaine. After the operation I used a fifteen per cent. solution of Hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of Hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of Hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.

—Attention is called to the statute in the State of Connecticut which permits narcotic and alcoholic patients to voluntarily commit themselves to a sanitarium for treatment for any length of time not exceeding one year. Chapter 230, Section 3690, General Statutes of Connecticut, reads as follows: "The managers, trustees, or directors of any inebriate asylum established by the laws of this State may receive any inebriate or dipsomaniac who shall apply and be received into such asylum, retain him one year, and treat and restrain him in the same manner as if committed by the Probate Court." On this subject it is well to note that Dr. Amos J. Givens, of Stamford, has one cottage in connection with his sanitarium devoted to the treatment of alcoholic and narcotic patients.

* *Medical World*, February, 1902.

—Sciatic Pain—Prompt Relief.—In reporting his experience in the treatment of Sciatica, Fred. E. Davis, M. D., of Brookside, Ala., writes as follows in *Annals of Gynecology*: "I have been giving antikamnia and heroin tablets a thorough trial in the treatment of Sciatica, and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of Sciatica, and until antikamnia and heroin tablets were introduced I was compelled to use a great deal of opium and morphine to relieve the pain. Since then, though, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of Sciatica. I prescribed 1 antikamnia and heroin tablets every four hours, and in forty-eight hours she was up and about and has not felt the pain since. I thank you for the introduction of this most excellent remedy and assure you of my willingness to report the results of still further investigation."

—A Dressing for Abdominal Wounds.—Professor R. T. Morris of New York, whose contributions on abdominal surgery have been of so much value, has for many years made extensive use of aristol in the dressing of abdominal wounds. In his lectures on appendicitis he states that he has replaced iodoform by aristol, which is similar in its action, but is preferable "because it adheres to the tissues much more tenaciously, because it seldom if ever produces any toxic effects, and because it smells better." He believes that while aristol does not act directly as an antiseptic, it quickly forms with lymph a thin, protecting coagulum, which is almost impenetrable to bacteria, the free iodine which is given off destroying the existing ptomaines. He considers aristol of the utmost importance in closing tissue planes against infiltration from a wound. Aside from its use as a dressing to the external wound, he has found this drug of great service in preventing secondary peritoneal adhesions. Other very prominent surgeons, as, for instance, Professors Tuttle and De Garmo, have been equally strong advocates of aristol in abdominal surgery, and it is of interest to note that it was recently used in the dressing of the late President McKinley's wound (*American Journal of the Medical Sciences*). The special advantages of aristol for the treatment of wounds are its remarkable cicatrizing property, its freedom from irritation, and its analgesic action.

—For the convenience of physicians Messrs. H. Planten & Son, the well-known capsule manufacturers of New York, have just issued a list with detailed formulas of capsules and "Perloids" of sandal oil and its various combinations, which is so full of valuable hints to the profession that we suggest that you write for a copy. It is one of the most instructive price lists we have yet seen of this class of pharmaceuticals.

Address your request to Messrs. H. Planten & Son, 224 William Street, New York, and mention this journal.

—I have also used protonuclein tablets in cases of severe anemia and in tuberculosis and have had good results. The following cases might be cited to show its good effects:

The first case was that of a young girl about twenty years old, who had been anemic for over one year. She had a weak pulse and was thoroughly constipated. Her tongue was coated almost all the time. Her lips were pale and her skin yellow. She vomited at times and her menses were irregular. The urine was normal, and so far as I was able to tell there was no organic trouble of any kind. I placed her on protonuclein, two tablets every four hours, and in less than one week I noticed a change in the color of her skin. Her appetite grew better and she could digest any food which she ate. Under this treatment she gained in weight and at the end of six weeks was in as good health, apparently, as she ever was.

The second case in which I used protonuclein was one of undoubted pulmonary tuberculosis. This patient was twenty-four years old and had been complaining for one year or more. He was emaciated and I noticed a rise in temperature in afternoon, showing a septic condition. His cough was most annoying in the morning and he would often expectorate large quantities of fetid matter. His pulse was quick and small. He had the sharp pains in the side of an accompanying pleuritis. This was a typical case in which to try the effects of protonuclein. Consequently, I prescribed 3 tablets four times daily and noted an improvement in his condition in ten days. The cough and expectoration had diminished and in three months had ceased entirely. The temperature became normal, and in four months from the time I began treatment the patient had increased twenty pounds in weight and was feeling well.

I have given these brief reports with the hope that other physicians may try this preparation in this class of cases and also report their experience. For it is in this way that we may prove the merits of any pharmaceutical product.—Prof. C. S. Miller, M. D., in the *Medical Council*, August, 1901.

—When Proctor's Theater, Newark, was dedicated on January 6, the seventh theater was added to the influential and prosperous Proctor circuit. The policy of presenting high-class vaudeville will be maintained in Newark, and the best attractions money can procure will be presented weekly. Two performances will be given daily, popular prices will prevail, and the new theater has taken its place as Newark's leading family resort. The house has been built for Manager Proctor at an expense of \$250,000, and is admittedly one of the handsomest and most complete vaudeville theaters in America.

The American Physician

MAY, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



J. OSCOE CHASE, M. D.,
NEW YORK.

SOME NEW BOOKS.

THE former "Therapeutics of Intermittent Fever," by Dr. H. C. Allen, appears on our table under the title of "Therapeutics of Fever." The book is larger than formerly, but is cast in the same form of homeopathy and excellence as the former volumes. It is most refreshing to receive a book for the homeopathic review table which is honestly homeopathic, which deals with nothing but homeopathy, and which, on every page, and in every line on every page, has the courage of its convictions. The prefatory

pages of this, as of the older volumes, are worth many re-readings, as they clearly and confidently outline a homeopath's duty and faith. We prophesy for this book as great a demand as for the other books of this famous homeopath, author, teacher, and practitioner, and hope that its perusal and study will tend in some degree to stem the tide of skepticism in the school of to-day. It is a book which, with Dewey's, Boericke's, and Clarke's latest books, should be in the hands of every homeopathic student and practitioner. If the principles of homeopathy, so succinctly and convincingly taught in its pages, could be made an obligatory part of the commercially-conducted college curriculum, in place of the large pretense of surgery in its allied departments, there would not soon be a repetition of the pitiful and insulting spectacle of two young homeopathic graduates asking the State Medical Examination Board of Ohio to change their registration from "homeopathic" to "regular"!

Another new book is by Dr. Charles Gatchell, General Secretary of the American Institute of Homeopathy, on "Diseases of the Lungs," which contains 264 pages and has just been issued. It treats of lung pathology, symptomatology, diagnosis, and treatment. This book has for its underlying basis a discussion of the Great White Plague, which it handles in masterly fashion. It is complete in all the routine detail of the lung specialist and gives minute instructions that are most valuable, not alone to that specialist, but as well to the student. It is an up-to-date book and touches the subject at every point, scientific, surgical, and homeopathic. It is a fine piece of literary work, as well as a medical classic; and is deserving of a place on the medical book table.

In conclusion of our book-editorial we must not forget "The Political Freshman," a new book by Dr. Bushrod Washington James of

Philadelphia. This is not a medical book. It has taken up the field of political romance and carries a young college graduate through the various stages of independence in politics to the end—senatorship, with higher prospects still. The book is the work of recreation hours and is filled with excellent ideas, clear politics, all whereof well expressed. Dr. James, it seems from a slip accompanying the book, is a many times author. We congratulate him upon his entry into the field of the historical novel, and hope his latest venture may give him as much pleasure in the encomiums sure to be received as it did in the writing.

Dr. Richard Hughes died April 3, 1902.

THE INDIVIDUALITY OF AN EDITOR.

THE owning of a medical journal by the individual members of the profession may be as poor a policy as the owning of the same paper by a medical college, hospital, dispensary, or combination-tablet factory. It must be evident that if a medical journal is to be anything but a Congressional Record of excellent medical papers presented to the profession here and there by stockholders, that the journal will, in good time, become simply a mutual-admiration society report.

We have now some special reference to Gould's newest journal. Beginning with the defense of President McKinley's physicians down to date there has never been a line condemning any member in the profession for things, which several years ago, this same virile editor would have made the welkin ring. Occasionally a little of the old fire of indignation finds vent at the point of his iridium-tipped pen; but it is quickly covered over with rose leaves of excuses.

From having at one time been a close scrutinizer of the pharmacal products which are hawked in the ad. pages in the majority of medical journals, he is now become a complacent tolerator of all. In short, the new weekly is a medical journal of the profession, paid for by the stockholding profession,—who, presumably, also pay the editorial salary,—and it is a repetition of that old worldly-wise maxim of: his praise I sing whose bread I eat.

We appreciate the condition which confronts Dr. Gould. He got into trouble with his former journal because he told the truth a little too

often; and one morning he and his old journal were summarily divorced. Now, he has established another and a larger journal—being a superb record of the medical doings of the profession—and has proven his ability to secure a reading clientèle, in the face of the most vicious and determined opposition of several equally excellent journals; but, in order to do so, as we take it, he has set aside his individuality, and become the purveyor of letter-perfect papers, with the assistance of a corps of others who scan the medical literature of the day and fill each his allotted space with matter.

If Dr. Gould has not completely changed his nature we would venture the guess that in time, if not already, he will look back with pleasant sorrow to the individuality and freedom of his *Medical News* with its possibly smaller clientèle. A true editor, like a true preacher, or lawyer, must write or work from the heart. American Medicine is beyond question a large, financial success which will pay dividends upon every dollar invested. It is a well-built-up corporation, stanch and reliable, furnishing the best of medical information. But if George Gould should die between two days he wouldn't be missed. A hundred other men could carry on his present journal.

If we seem to unpleasantly criticise Dr. Gould and his journal, we beg to explain that such is not our wish or intent. American Medicine is a first-class medical résumé; but we have lost the virile George M. Gould.

♦ ♦

PHOSPHORUS FOR PNEUMONIA.

THAT famous Phosphorus case for pneumonia, which originated in the Far West, has about run itself out. Every homeopathic Freshman knew the symptoms as given by the medical master who foisted the pretended case of pneumonia upon an old-school journal. And because every homeopath guessed phosphorus, and the old school had their usual diverse and multitudinous array of individual prescriptions, it stands clear as the Cross in the sky for old Constantine, that homeopathy is the best, nay, the only practice of medicine. And yet, as Brer Arndt has pointed out, this has been one of the most foolish of statements to issue in behalf of the supereminency of homeopathy. It leaves the impression upon all readers that the treatment of pneumonia either depends upon the minute particle of phos-

phorus usually given by homeopaths; or that, in this especial case, nothing but the few doses of phosphorus will cure the case. Who of the homeopaths will dare make this statement? It simply serves to clear away one set of symptoms,—the phosphorus symptoms,—and in ten hours or less some other set of symptoms will hold the lime-lighted stage; and so on to the end of the case. Still the homeopathic students and many of the old-school practitioners and readers will necessarily gather the impression that the homeopaths cure pneumonia with a few infinitesimal doses of phosphorus. This is a sham, a measly sham! Pneumonia is not cured so easily. There are other things entering into a case of even the simplest of pneumonias. Hot and cold water, diet, baths, hot-water bags, poultices, and a whole lot of others. In truth, the therapeutic side—the absolute medical side—is becoming daily less and less a factor in the treatment of pneumonia. In our opinion the publication of the Phosphorus case, like its predecessor Lycopodium case, has done homeopathy harm. It is as bad as the patent medicines which cure everybody of everything if but enough bottles of the truck are guzzled.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Santonin.

Frank H. Pritchard, M. D.,⁵ says: "This drug has generally been looked upon only as a reliable anthelmintic, but it has now been found to possess a much wider range of action, and to be of special value in the treatment of epilepsy and locomotor ataxia. It will not be a surprise to homeopaths to learn that its newer therapeutic accomplishments have been quite along the lines of similia. The Medical Times says that its physiological action is markedly upon the nervous system, producing, in large doses, great weakness, tremor, perspiration, coldness of the extremities, vomiting, and, not infrequently, quick, sharp convulsions, terminating in death from paralysis of respiration. The effect upon the vision is very marked; at first everything appears blue, which speedily turns to a greenish-yellow, which may be followed by total blindness, lasting a week or more. Its pronounced effects upon the nervous system give us a clue to a remedial agent of great power in influencing gen-

eral changes of nervous sensibility. In its action we have an excellent reproduction of the symptoms of epilepsy and the pains of locomotor ataxia. Let us see what therapeutic deductions have been made from all this. Lydston claims to have obtained better results from santonin in epilepsy than from the bromide treatment. In the fulgurant pains of locomotor ataxia the editor of the Times says that 2 grains given three times a day yield him better results than any other drug. The pains disappear while the patient is under its influence. It seems to us that santonin is a very likely drug for a careful and exhaustive reproofing."

Strophanthus.

The actions and the medical uses of strophanthus, which is perhaps the most important of the cardiotonic drugs after digitalis, are summed up as follows by Martinet:³⁹ (1) It cannot be compared to digitalis in the constancy of its effects. Nevertheless, in certain cases it succeeds when digitalis has failed, and it is of value in replacing digitalis during the periods of treatment in which that drug is suspended for the purpose of avoiding its cumulative effect. (2) It has no marked action upon either the vessels or the arterial pressure. It is, therefore, preferable to digitalis in all cases in which arterial tension is evidently a source of embarrassment to an enfeebled heart. (3) The dosage is very irregular. In order to avoid its toxic effects, and at the same time secure its real benefits, it should be given in progressively increasing doses, till the physiological indication has been fulfilled. There are only two preparations of value, namely, the extract and strophanthin; the tincture is very unreliable. The extract is to be given in doses of from 1 to 6 milligrams, several times a day, its effect being watched. The dose of strophanthin is one-tenth as large."

Boric Acid as an Irritant.

For many years boric acid has been regarded as free from toxic properties. In reality, however, it may give phenomena of poisoning when it is employed too persistently. Thus may occasionally be seen somewhat severe and definite signs of irritation of the rectum by means of irrigation containing boric acid. Le Clerc³⁹ has observed a man in whom a stomatitis followed the employment of a gargle of this substance. The patient was suffering from grippe with tonsillitis, for which the doctor prescribed, among other remedies, a gargle composed of equal parts of an infusion of lime-tree flowers and boric acid to 3.75 per cent. Hoping to cure his tonsillitis more quickly the patient did not follow directions, but employed the boric acid in very strong suspension, almost pure. After having used it for fifteen hours and consuming about two quarts

of it he suddenly found his sore throat very much worse, and all the signs of a stomatitis present. On examination of the mouth the mucous membrane of the cheeks, of the vault, of the palate, and of the gums, was found to be inflamed and to present grayish spots of irregular form, like daubs with a brush. These spots resembled very closely the mucous patches in syphilis. The rest of the mucous membrane was a brilliant red and felt as if on fire. The gargle was stopped, and a few washings with alkaline water served to restore the mouth to a normal condition within a day or two.

Magnesia Phosphorica.

Dr. J. C. Fahnestock²³ gives what he terms "a vindication" of this most excellent remedy. His patient, who was suffering from dysmenorrhea, described her pains as "something terrible." Dr. Fahnestock says: "I was called to see her May 6, 1900, and found her lying on the lounge with her head at the foot and her feet at the head, thus placing her body and feet above her head, as this was the only position in which she could get the least relief. The pains were described as being sharp, shooting in both ovaries, running toward the womb, where they produced a severe cramp. At this special time she did not attempt to do or take anything for relief, except to assume the position as described, as she said nothing did her any good.

"I immediately gave a small powder of magnesia phosphorica 30 on her tongue, and, by the way, it was all I had with me. I then went to my office to get more of the remedy in case it should be required. This only took a few moments, but on my return the patient was surprised and I was delighted to see her almost entirely relieved, and in a few minutes more perfectly easy.

"I did not give her any more medicine, but a placebo was used, as she at that time was not educated in our way of thinking. No more medicine was required at that time, and not again until about eight months had gone by, at which time her husband came to my office for another powder as his wife was having some premonition of a return of her former trouble. One powder was sufficient to relieve her, and she has had no trouble since.

"This is only one of the many cases in which this remedy has acted promptly and permanently. In conducting a proving of magnesia phosphorica a few years ago one of my provers suffered greatly with shooting, cramping pains in both ovaries, extending to the uterus, and down the thighs, accompanied with a bearing-down sensation and great weakness in the lower abdomen. For several days she felt as if she must bend over and hold the lower part of the abdomen or 'everything would fall out.' Previous to this proving she never experi-

enced any trouble or pains of any kind whatever during her menstruation. During the proving the menstrual flow would come in gushes, at intervals varying from twenty to thirty minutes or one hour. The pains were shooting in both ovaries, then came a severe cramp in the uterus, followed by a dark clot of blood, then a gush of bright red blood; after this the flow would stop entirely, and only return when pains came on as described above.

"The pains produced by magnesia phosphorica were always of a shooting, cramping character."

Arsenicum Iodatum in the Treatment of Lupus.

Dr. H. Moeser,²⁹ Stuttgart (translated for the Hom. Recorder), claims to have had considerable success in the treatment of lupus. He uses arsenicum iodat., second or third trituration. The following interesting case is mentioned in substantiation of his claims. A little girl of nine years had a face dreadfully disfigured by lupus. Her nose was partially eroded. General health much reduced, owing to her impoverished domestic surroundings. She received arsenicum idod. The disease was checked; the ulcerated places formed cicatrices so rapidly that she was dismissed as cured within four months. Four years later this patient was examined, and the disease had not returned. It must be mentioned that the doctor used in this case Kneipp's methods—baths and wrappings in wet sheets. However, the credit of the cure is given to the internal remedy. Dr. Moeser has had other experiences with the remedy as favorable as this.

Dr. J. G. Randall in the Med. Magazine gives an experience with this remedy as follows: "Under this remedy I would like to give a case, as I have been unable to find symptoms under the remedy in the text-books which I have consulted. A patient came to me with vesicles on the back of the hand and along the sides and back of the fingers. The hands itched and burned so that the patient was almost beside himself. In about a day the vesicles would break and then the spots would be red and would exude a sanious secretion and would continue to itch and burn, and were made worse by scratching. Also were much more painful about twelve to two in the morning. This was the history when he first came to me. My first prescription was arsenicum album 3x, with no improvement. I then tried the 30th, with no better results. In the meantime it had broken out on the face, and here it was more that the skin was fiery red and burned intolerably. In places, as under the eyes, on the lower jaw, and on the forehead, there were small vesicles acting the same as on the hands. After trying various remedies, I gave arsenicum iodatum the 3d, and was surprised at the result, as within twenty-four hours there was a marked improvement. That patient is still mine, thanks to ars. iod."

***Hydrastis Canadensis: Aggravations and Ameliorations.*¹⁷**

The local pains of the remedy are made worse by motion, in a warm room, while the feeling of weakness and general distress are relieved by walking about in open air, and especially in cool air. The local symptoms, which are aggravated by sitting, resting, and by thinking of them, are relieved by the fresh air. Some of the symptoms are relieved by motion, others by pressure, and still others by having the mind occupied. Most of the symptoms appearing in the morning disappear in the afternoon and do not recur until the next morning. Many of the symptoms disappear after dinner, and all are better after tea, except those which appear then for the first time. The symptoms of the nose, throat, and chest are worse in the morning, from seven to nine o'clock. A large number of the symptoms in the abdomen come on during the latter part of the night and continue throughout the day, but the pains in the region of the liver are worse between 8 o'clock A. M., and 2 in the afternoon. The pains in the head seem to press outwards. The pains on the right side predominate; are felt first on the right and then on the left side; descend from the right and ascend from the left. The symptoms prevail most in the morning.

Action of Opium or Morphine on the Intestines.

The investigations of Dr. Wiener⁴⁰ lead to the interesting result that neither opium nor morphine causes a paralysis of the intestines, as was generally believed heretofore. On the contrary, these drugs act excitingly on the nerve apparatus of the intestines, aggravate or regulate the tonus of the same, and create in this way inhibitory or styptic effect. These drugs cause an even, contractile condition of the intestines which, in consequence, is the cause for the inhibitory action. Nevertheless, the contents of the intestines will be accumulated in the colon in spite of opium, but the desire to defecate will be abolished by it. Pains which occur in non-inflammatory conditions are to be referred to excitation of the nerves of the peritoneal covering, which may be excited by mechanical irritation or convulsive contractions. Opium relaxes the intestines and acts against the stimulating influence over the ganglionic apparatus of the intestinal wall. In cases of inflammatory affections, opiates only act beneficially in large doses.

Lachesis in Typhoid.

Dr. I. Devere²³ describes a condition often found in low types of typhoid which is frightful to the friends, and which calls for cool judgment and prompt action on the part of the physician if favorable results are to be obtained. He says:

"I refer to those cases which have run many days without any perceptible change, until a severe nervous condition is developed.

"The patient trembles all over; the hands tremble; the tongue, pointed, dry, dark, and trembling, cannot be protruded because it catches on the lower teeth, which are covered with sordes.

"Lachesis 200, a single dose, has never failed in my hands to bring a favorable termination of such a case. I first learned this in private conversation with Dr. Lippe, and as I have treated many cases of true typhoid I can give many cases in verification."

Silicea after Vaccination.

Hering says:¹⁷ The best remedy, confirmed by hundreds of cases, against bad consequences of vaccination is silicea. It is serviceable for eruptions, swelled glands under the arms or boils on the head; for very red, inflamed, and suppurating swelling of the arm, extending sometimes to the shoulder joint, which brings the child in great danger; also for long-lasting complaints as hectic fever, with cough, night-sweats, tetters in different places, red pimples in the face, and particularly the neck.

[This reference to Hering is very timely just now when one is apt to see bad results from vaccination.]

Lachnanthes tinct.

In view of the recent passage at arms between Honorable Colonel Le Poer Trench and Sir William Broadbent during the "Congress on Tuberculosis" in England latterly, and which has been taken up by the Times, it would seem that the publication of the following excellent résumé of this drug by Professor M. E. Douglass of Baltimore will be most timely and interesting. A word or two more concerning the English trouble: Sir William Broadbent, who represents the General Medical Council of England, and evidently the allopathic council which makes and unfrocks practitioners, had something unpleasant to say concerning the drug lachnanthes as being a secret remedy, and hence not to be discussed or admitted into a medical discussion. Colonel Trench, however, went on to show that the drug, so far from being a secret remedy, has been known and taught by the homeopaths for more than thirty years. He said "that the use of a drug called lachnanthes, which in the case of his wife had been found to be of such benefit that, after being given up as hopeless by several leading members of the old school, she completely recovered her health, but that this drug had been ignored and boycotted by the committee of the Congress."

Lachnanthes.

BY M. E. DOUGLASS, M. D.,

Lecturer on Physiological Materia Medica at Southern
Homeopathic Medical College, Baltimore.

This vegetable product belongs to the natural order of the *Hæmodoraceæ*, and is known by the common names of Red Root and Spirit Weed. This herb grows in sandy swamps from Rhode Island and New Jersey southward, near the coast. Its root is red, fibrous, and perennial. Leaves ensiform, equitant, clustered at the base and scattered on the stem, which is hairy at the top, and terminated by a dense compound cyme of dingy yellow and loosely woolly flowers. Pod globular; seeds few on each fleshy placenta, flat and rounded, fixed by the middle. Flowers appear from July to September.

This herb is not mentioned in the United States Pharmacopœia, or in any materia medica of the old school to which I have access.

It was proved under the direction of Dr. Lippe. It is prepared for homeopathic use by gathering the whole fresh plant while in bloom, chopped and pounded to a pulp and weighed. Then two parts by weight of alcohol are taken, the pulp mixed with one-sixth part of it, and the rest of the alcohol added. After thorough stirring the whole is poured into a well-stoppered bottle, and allowed to macerate for eight days in a dark, cool place.

The tincture, separated from this mass by pressure and filtration, has a brilliant carmine color by transmitted light; no distinguishing odor; a slightly bitter and ligneous taste, and an acid reaction.

The roots yield a fine red dye and a bitter resin, but no analysis has yet been made of the plant that determines the nature of its specific constituents.

The root was esteemed as an invigorating tonic by the aborigines, especially the Seminoles, in whom it is said to cause brilliancy and fearless expression of the eye and countenance, a boldness and fluency of speech, and other symptoms of heroic bearing, with, of course, the natural opposite after-effects. A tincture of the root has been recommended in typhus and typhoid fevers, pneumonia, various severe forms of brain disease, rheumatic wry-neck, and laryngeal cough.

Judged by its provings, its sphere of action is similar to that of agaricus, belladonna, hyoscyamus, lachesis, solanum, and other cerebral stimulants.

It causes a headache, which resembles that of *cimicifuga*, *sepia*, and *belladonna*.

The eye symptoms are peculiar and should attract the attention of the oculist. It has a symptom similar, yet differing from, *gelsemium*, *calabar*, and *chloral*, namely, "on looking at an object for some time, it becomes dark." The

three remedies above named—also *coca*—have the same defect of vision, only "things look white." It has another symptom, "a yellow spot before the eyes," which resembles the symptoms found in *phos. ac.*, *bell.*, *canth.*, *dig.*, *hyos.*, *sep.*, *amyl.*, and a few others.

The naturalist Darwin mentions a curious fact, that white hogs which eat the roots and leaves lose their hoofs, while the black ones are unaffected.

Physiological Action.—*Lachnanthes*, in doses varying from a few drops to a dram of the tincture, causes mental exhilaration followed by ill humor; vertigo and headache; brightness of the eye, with dilatation of the pupil followed by dullness, pressive pains, and impaired vision; tearing in the ears; hectic redness of the cheeks; dryness of the throat; rumbling of flatus in the abdomen; fullness and heat in the chest; increased heart's action; pain and stiffness of the neck and shoulders; restlessness; sleeplessness; and coldness and fever followed by sticky sweat. The action of this drug appears, as far as proven, to be quite similar to that of *pulsatilla*.

Characteristic Symptoms.—Head feels enlarged, and as if split open with a wedge from the outside to within; the body is icy cold, he cannot get warm; the whole face becomes yellow; the head burns like fire, with much thirst; during the cold sensation the face is moist and sticky.

Sensation as if the hair was standing on end, with soreness of scalp. Looking at an object for some time, it becomes dark before his eyes. If he suddenly moves his head, it becomes dark before his eyes. Brilliant eyes, red face, and delirium during pneumonia.

When closing the eyes the upper eyelids twitch visibly; when he closes them tight it grows worse.

Nose bleeds profusely; blood pale.

Hoarseness; dry cough from irritation of the throat, worse in bed.

Cough dry as if it came from the larynx; expectoration is streaked with blood, with severe pain in the chest, in pneumonia nervosa.

When inhaling, deep pressing pain under the short ribs near the spine.

She feels hot and oppressed in the chest, with mild perspiration all over.

Sensation of pain and stiffness of the neck, which extends over the whole head down to the nose.

Burning of the palms of the hands and soles of the feet.

Twitching of the muscles in various parts of the body.

In the night, in bed, short cough, with sore throat, followed by coryza.

Icy coldness of the body; skin is cold, damp and clammy during the coldness.

Burning heat, with redness of the face, more on the right side, followed by circumscribed redness of the cheeks.

On Uterine Curettes and Curetting.

BY SHELDON LEAVITT, M. D. *

During the past winter I was called four hours' ride into Wisconsin to see a woman said to be in extremis, owing to an accident which occurred during the performance of a curettage. She had been showing the signs of a threatening miscarriage for some days, until at last it appeared to be wise to clear out the uterus. Accordingly she was anesthetized by the attending physician, and a consultant proceeded with the operation. The uterus was dilated, and then a spiral curette was made to penetrate the cavity. As the product of conception did not come away, placenta for-

principle and dangerous in use; and this fatal case adds new strength to my conviction.

But how could such an accident happen? Let us see. In dilating the os uteri, even with graduated sounds, we are apt to make a small rent in the cervical tissue on one side or the other. When dilatation is followed by use of a cone-shaped spiral curette, the point of the latter instrument is liable to catch in the rent made in dilating, and, on being urged forwards with the rotary action designed for it, is liable to perforate the peritoneal covering of the cervix and enter the peritoneal cavity. In this manner it is quite



Fig. 1.



Fig. 2.

ceps were introduced, and, when they had seized the supposed ovum, traction—forcible, steady, determined traction—was made until delivery at the vulva was effected, when, lo! the object was recognized as a coil of intestine. It was immediately replaced and a call was dispatched to me.

On my arrival, finding no operative conveniences, and no nurse within reach, I insisted on bringing the patient to Chicago. We took the first train, and I was enabled to operate about twenty-two hours after the accident.

The operation involved a miniature Cæsarean section, repair of a perforating wound of the posterior uterine wall, removal of fourteen inches of gangrenous colon, and the formation of an artificial anus in the left groin. The patient's condition at the time was desperate. She was suffering great pain, the pulse was 120 and the temperature 101°. She came near recovering after the operation; there were few signs of sepsis; the abdomen remained flat, the mind was clear, the temperature was but slightly elevated, and, until the day preceding death, the pulse rarely exceeded 120. She was able to retain nourishment, but asthenia prevailed, and my patient finally sank and died on the ninth day.

Now this sad case furnishes a commentary on the choice of instruments rather than an indictment of the operator; and what I have to say concerns chiefly the instrument best suited to do the kind of work in this case undertaken. I have always condemned the spiral curette as wrong in

probable perforation was made in the present instance. But, even should it enter the uterus, its spiral form would cause undue pressure on the relatively rigid anterior and posterior walls of a cavity which has breadth but no intersecting measurement, the front and back walls lying in contact.

The curette in question has had a large sale, especially in rural quarters. Not knowing by whom it was designed, in denouncing it as I unqualifiedly do, I cannot be accused of any personal antipathy to him.

Ten years ago I designed a uterine curette, well illustrated in the accompanying cut, which I have ever since used to my utmost satisfaction. At one end is a small spoon which is intended more particularly for gynecological use; while the other end is provided with a larger spoon best suited to obstetric use. I have no pecuniary interest in its sale, and never had, for which reason I feel free to recommend it as both efficient and safe. There may be others equally good; but experience has not made me familiar with them.

—Dr. Carl H. Rust, a graduate of the Cleveland homeopathic school, has located in the Rose Building, Cleveland, and gives his whole time to Ear, Nose, and Throat. Dr. Rust was always a good homeopath, and we believe he will not forget the faith of his earlier general practice now that he is settled in a specialty.

Abortion.

H. F. BIGGAR, M. D.

While in consultation with one of the most scholarly, conscientious, influential, and skillful old-school physicians of this city, I asked what was the chief reason for disloyalty to him among his families; or why, other things remaining equal, they employed other physicians? His reply was very significant: "For the same reason that you lose your families—I will not perform abortion."

Although this frank statement was made some years ago, its impression upon me has never faded.

It is said that a physician cannot retain his position in many society families without being an abortionist, not estimating the defiling and degrading effect upon himself, nor loss of respect and criminality which the act surely entail. If true, the conditions of society are very bad, and the pride and dignity of the physician's position have sunk to very low places. The fact that many families are without children, or with only one or two, is a significant commentary, as well as surely raises the suspicion that conception is prevented or that abortions are produced.

It could not well be otherwise. For instance, in one of our divorce courts a wife recently testified that five abortions had been produced upon her! How, in the name of honor and decency, can such wholesale "slaughter of the innocents" be carried on in the very midst of society without its burning brand of shame—shame to either the woman and her victim, the doctor, or the doctor and his victim—is near to an insoluble problem.

The special pleas put forward by women seeking such relief, such as bad health, large families, demands of society, illegitimacy, scruples, excuses, and what not, should not weigh in a balance against the criminal destruction of human life. The pleas put forward by abortionists can only be the winning of patronage regardless of its legitimacy, or the money value of such service.

To convict the abortionist is very difficult; for the patient is usually cared for after the operation by the family physician, who generally receives the censure among the friends of the family, while the guilty person is not known in the case. Even if convicted and sent to the penitentiary, the influence of his society patrons is all-powerful to secure his release.

Now allow me to raise this question: Is it, or is it not true that doctors, admitting the practice, do it impelled by the necessities of their own case rather than by any necessities of the woman in question; or, is not such illegitimate practice in a sense virtually forced upon the less conscientious practitioner by reason of his lower standing in an overcrowded profession? For I do insist

that an honorable physician with a clean character, one who deserves high standing, will not do this thing.

The general practitioner is most liable to such importunities, and is the most frequent victim of them, whether the motives put forward are honest or dishonest. It must be admitted that the pressure of circumstances surrounding the case and the importunity attending it may be something very hard to resist, in the face of possible professional and financial ruin if he does not yield. And further, it is not a single problem that he faces; there are two—or one of two kinds, one an appeal from an unmarried woman; the other from the married. The exigency in either case is appalling enough, greatest, of course, in the first; because stark ruin for one or the other may stand for the immediate result, with possible death not far away. But in either class of cases it is believed that all the remedies for either side lie in the following simple rules.

For unmarried women: 1. Insist that the mother shall understand the conditions, and co-operate in whatever is done.

The complete safeguard for the physician's honor, in whatever extremity, is the girl's mother. Don't forget that.

2. Advise marriage when feasible, or insist upon it if in a position to control circumstances.

Threats of information to parents, and of legal proceedings in case of refusal, were effective in one case in my own hands, in which case I believe I was justified in withholding the information from the mother until the girl had become a wife. One may, I think, on the ground that he is a trusted family adviser, assume prerogatives in some cases.

3. Insist that the author of the mischief shall pay all expenses incurred. Coercion may fail to bring about marriage, but here it should not be permitted to fail.

The following instance points a way: When I was in more active general practice I was called upon by an old patron, a gentleman prominent in business and church circles, whose secretary was two or three months impregnated, and insisted that a criminal abortion be performed by myself. The usual arguments were gone over, that there was no wrong in producing abortion for there was yet no life; that all physicians did it, etc., etc., and even told the shameful tale that his own mother had been forcibly aborted twelve times. I told him that the ovum was alive from the instant of impregnation, and that he must not ask me to commit murder, for it was no less. Finally, though he had offered me hundreds of dollars, he was persuaded to have her cared for properly and secretly, her mother only knowing the facts, at a private maternity in another city. To all of which the prospective mother assented.

In another similar case the same advice was given and wisely accepted, as the sequel proves. After the birth the babe was legally adopted by a

childless family and made the heir to the estate. The foster mother of this beautiful babe wrote me "she owes her little life to you, and I hope some day in the next world she will be a star in your crown." What has not the future in store for this foundling? May her life be one of usefulness, of happiness, and one pre-eminently successful.

Other like instances could be recalled, but all could only further emphasize and re-emphasize our duty in these cases, to protect the unhappy couple from unnecessary exposure and degradation, and warn them away from the criminality to which the frenzy of their situation is leading them.

In cases of the married, do not consent to the wishes of the wife, or husband, or both together. Be firm; explain the criminality of the act demanded; emphasize the criminal aspect, and the imminent dangers to life and health. If these are not convincing, and particularly if a question of her health is involved, suggest consultation with some reputable physician. Do not encourage their whims and fancies and hopes by such a transparent subterfuge as giving medicines to re-establish menstruation when pregnancy is supposed to exist. Such is not your intention, and if at other hands they should succeed, you might in the end have the burden to bear. If they will not be convinced of the enormity of the crime nor of its risks to life and health, withdraw from the family.

An eminent authority remarks: "A woman should be made to understand that it is vastly more harmful and dangerous to suffer an abortion than to bear a child; and that when the mortality of the one is practically nil, the other causes many deaths and untold misery every year."

A novel method of dealing with those cases, and striking as well as novel, was related to me by a physician, a friend of mine. "When approached by the husband," he says, "I always ask him if he will indorse a note for five thousand dollars, making use of the signature of W. K. Vanderbilt. Of course he immediately declines, declaring that it would be a forgery for which he would be criminally liable. I say, 'That is true. You decline because you are afraid of criminal proceedings; and yet you insist that I shall perform an abortion when the law declares me to be a murderer, should I do so.' The conversation usually ends at this point."

The following case is interesting on several grounds, as you shall judge. I was appealed to by a young lady of our "Four Hundred" to establish delayed menstruation, confessedly from impregnation. She pleaded a secret marriage, the necessity for which was still binding. The alleged husband was also of the same high rank in the society scale. I advised that the families at once announce the marriage—antedated, as protection to the young couple. It was so done,

but notwithstanding my admonition regarding the date, an evident error in calculation was made, and a "seven-months babe" was the result. On the conception of the second and third child, I was each time importuned to rid the womb of its contents. Even the heads of the families urged and argued, and even threatened to employ other physicians if I did not comply. I attended at the first two labors. The third did not mature. It was announced that the lady was visiting a prominent private hospital in New York City for a trachelorrhaphy, when in fact an abortion was produced.

These people were very prominent, not only in the social circles of Cleveland, but they also enjoyed a national prominence; but while I felt the loss of their profitable and influential patronage I surely won from them an added respect and confidence, as later events have proved, and most of all, the self-consciousness of having faithfully discharged a high duty.

I now call attention to a case which may show that in scales above those of unregenerated society the evil still prevails; but prevailing, may be met with the spirit of true regeneration. A few years ago a very popular clergyman called at my office and said: "Doctor, Mr. — [a prominent official in his parish], while making a business trip to New York, after a wine dinner and while still under its influence, visited, on the solicitation of comrades, a house of prostitution, where he contracted syphilis. Now I am going to send him to you for treatment. You cure his physical ailments, and I will bring him back into the fold. He has done wrong both physically and morally, but we must sustain him."

I recall this case with a double object, first, to emphasize the act of this clergyman, perhaps one of the few, who chose the better part of withholding words of scorn and denunciation, and instead of folding his arms about the sinner as about an erring and penitent brother. It is the same spirit that should be many, many times manifested toward the man and woman who fall into the mistake of criminal intimacy, rather than to denounce and proscribe, for which there is no healing. Another object is the suggestion that in a share of these cases the clergyman who is their minister, and who is at the same time both diplomatic and wise, may exert a powerful influence in pointing out the better way.

In this connection I must not fail to notice the very great influence wielded by priests of the Roman Catholic Church, who "have constantly and consistently taken a resolute stand against induced abortion, and who deserve all honor for it."

But the problem has yet a larger aspect. The practice grows, and as it grows, it degrades not only individuals and families, but cities and nations as well. It depopulates in a family sense. Many nations are materially affected by their low birth-rates, and it is with keener interest, if

not alarm, that statesman are investigating the subject. It may well be said that "whatever tends to reduce the birth-rate of a country is consequently a political crime. Lest this should seem an unwarranted statement, permit me to cite the alarm and agitation in France over this very question which is now engaging the attention of her most advanced thinkers, and indeed of the government itself. England, too, will have to face the same problem. There are now in the United Kingdom 500 fewer births daily than there were twenty years ago. If the birth-rate for the years 1896-1898 had been the same as for the years 1874-1878, the number of births would have been over a million more. Since 1878 the decline in the English birth-rate has been greater than that of France. The loss in England and Wales since 1878 has been seventeen per cent.; while in France it has been only ten per cent. While criminal abortion may not play a large part in this decline, it is at least an appreciable one."

Official surveillance is not nearly so keen over such matters in this country as in Europe, but it is safe to say, according to our own observation, that anything like the true figures would be appalling. That increase in our population is seriously affected by it, there can be no question; and that, as it admittedly grows, it must necessarily have greater and greater effect in a downward direction, there also can be no question.

Let us, therefore, bravely and honestly do our whole duty in this matter.

The Kingmore, 260 Euclid Avenue, Cleveland.

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A Fool and His Money.

The benevolent get-rich-quick mining companies have adopted the former policy of the Marshall (Mich.) Free-to-Men people who flooded the daily press and the United States mail for several years with stool-pigeon ads. and letters recommending their purgatory pills and damnation dopes. Tobacco merchants, cabbage-growers, music-dealers, brick-yards, celery-raisers, boiler-makers, retired missionaries, and the like had formed a grand benevolent assimilation association for compelling the poor laity to invest in certain health-producing nostrums,—and all for the benefit of the suffering laity. Selah!

We are in receipt of almost daily letters done in the most transparent of machine-process work, written to us and others "In Confidence" under the protectingegis of a one-cent green stamp, on the letter-head of former, reputable business and professional people, giving us the most friendly option of a hundred shares more or less at ground floor rates on stocks in Mexico, in the West, in Alaska, and elsewhere. This, however, we are assured, is only written to us and a few others, out of regard doubtlessly, for our apparent extreme poverty and lonesomeness as a poor parish practitioner, and the overweening,

God-given desire on the part of these benevolent sharks to raise us to such fabulous money power that, in short order, we, too, may own and drive, or have driven for us with the aid of a goo-goo-goggle-eyed and leathern-capped chauffeur a gasoline automobile done in maroon and brass, for the admiration and delectation of our then over numerous brood of women patients.

The latest effort in this line of stool-pigeonry comes to us from St. Louis, where a photographer, who some twenty years ago did our wedding picture, for which we paid the full price nominated in the bond, and whom we have not seen nor heard from since, now permits the use of his business letter-head for a mining scheme, in order to add us to the other gullible tom-fools who are soon to be parted from their hard-earned gains. The gall of this photographer ought not to be lost to the chemical world. Some inventive genius ought to be able by some later day transmutation to make this a valuable adjunct in the preparation of his dark-room and look-pleasant labors. It is really a pity that it should go to waste on unsympathetic un-biting suckers in the medical profession.

It riles us most unspeakably that, despite our frequent explanations and expostulations, we are still deemed such an easy mark for every wild-cat mining company which pretends to need our advice and our ducats to build up smelters, crushers, manglers, destroyers, and water ways through unbroken forests, and has half-tone pictures of miners with lamps stuck in their hats and reposing in poseful attitudes to show us how easy it is to get four hundred per cent. dividends within a few months. This is far in excess of that gold-brick combination-tablet foundry's most gilt-edged promises,—if we will but give them all our trade.

What in samhill has come over the great American people? Have we all gone rip, stark, staying mad on mines and oils and fruit-baskets, and rubber-growing, and other gold-brick swindles? How long will this hounding of honest men and practitioners continue? When will the inevitable break come—for come it must—and great will be the fall thereof! Someone is making money out of this cat's-paw work. Imprimis the speculators, and next the printers and engravers. But the poor dupe?

Stick to your last, men of medicine! No one goes after you for your health. All these schemes are—schemes. Some must fail—all cannot succeed—and the chances are three thousand and ninety-nine and one-half against one that it is the scheme in which you have invested, that will prove the failure. Mines have been salted before now, so artistically as to deceive even the very elect. Men with reputations in one or another profession; men whose word has been accepted as better than a four per cent. government bond to his fellows, have been taken, gratis, to distant parts of the country, entertained and

treated most royally to all the fat of the land, and the buffet of the Pullman, and shown all the unexampled and unlimited riches of a mine, when they, these entertained ones, knew no more about mines, their outcroppings, their incroppings, or any other kind of croppings, than a blind Hindu cat knew of Sanscrit. And thereafter the mail of his confiding confrères has been filled daily and weekly to the overloading of the red-ribboned waste-basket with his heart-to-heart testimonials, imploring, pleading, begging his professional brother to part with his stocking-hung little savings, and throw it into a hole in the side of a mountain, because, forsooth, he, this former greater man in his profession, has been shown the assay, and the kind of brick of gold or silver or copper which may be taken out of this special hole, when several other stool-pigons have drummed up enough Easy Marks to bring an ore crusher and smelter, at thus and so many thousand dollars, from Dan to Beersheba and planted upon that spot in the elaborately printed plans of the property marked with a red cross.

There is capital enough loss in this great country among men who are capitalists, who make it a business to snap up every opportunity for adding still more to their hoard, to take up every mine in the United States and Mexico and run it for themselves. Money-making opportunities are not in the habit of standing on the street corner, or in the market-place, with band and transparency, soliciting the passers-by to please come in and get rich. All productive industries are in the hands of men who know how to handle money and turn it to its most successful use.

Here and there, perhaps, the non-assessable treasury stock for a mine or a fruit-basket company or an oil well may be left open in order to benefit the great mass of laboring people who have a little money put aside. These few mines and oil wells and rubber plants are not operated for the good of the promoters and projectors; not at all—perish the thought; they are simply put on the market in order to fill your pockets, dear trusting colleague and brother, and to keep you and yours, and us and ours, from ending our days in the county poor-house, or jail, because of the inadequacy of our daily earnings in that trade, vocation, or profession in which we have spent our youth and manhood and had hoped to spend also our quiet and unspeculative old age. Therefore, the friendly brothers of your own profession have taken it into their heads that these few remnant, bargain-counter, marked-down money-making opportunities shall not be put into the way of the rich people, but shall be left open for you and us. And, hence, they go after us with "In Confidence" letters written with a printing machine, wetted and splotted like careless copying, and mailed with a one-cent stamp.

If you are a doctor with a practice yielding you house rent and clothes and a fair living, stick to it by all means! If you want to become

a mining millionaire, step out of the profession of medicine and make room for someone who is really wrapped up in the healing art and does not measure his metes and bounds by the size of his pocket book,—one who is not bowing down before the copper and gold and silver idols in Mexico and Alaska and Texas. No man can serve two masters. No doctor can be a good doctor who engages in politics or mines or other worrisome, speculative side-lines. The field of greatest success for a well-educated, well-trained, skilled, and experienced physician is in Medicine. If he cannot make a success in that field he will not be likely, after thirty or forty years of medical life, to find success in a field of whose ABC's he knows naught except what is told him by interested parties. The field of mining is as difficult to understand as the latest Made-in-Germany bacteriological fad. Speculating is as much of a profession as medicine.

Men and brethren, stick to your profession, be sure of an income commensurate with your needs, and be successful as the Lord God of Hosts intended that you should be. When you have once been parted from the little lump-sum which you have been laying by for your old and rainy days, or as a nest-egg for your son who wants to go to Harvard or Yale, or for your daughter who must have her finishing school, and a bit of dot for the inevitable bell-alliance, you will be too old to start in afresh in your profession; and your last days will be filled with gloom and disappointment. Medicine will cease to attract you. And a profession engaged in merely for the money there may be in it will soon lose its flavor, and your success with your patrons or patients will fall away as the patients or patrons will themselves.

Be a doctor and a good one. Or be a mining expert and speculator. Don't try to ride the two horses at one and the same time.

You will thank us some day, when the crash of benevolent mining and oil schemes is heard throughout our land (as the fall of wild-cat-banking and wild-cat-insurance was heard some years ago) for having heeded this our heart-to-heart talk.

♦ ♦

A Shrewd Reply.

The doctor's testimony went to prove the insanity of the party whose mental capacity was the point at issue. On a cross-interrogation he admitted that the person in question played admirably at whist.

"And do you seriously say, doctor," said the learned counsel, "that a person having a superior capacity for a game so difficult, and which requires, in a pre-eminent degree, memory, judgment, and combination, can be at the same time deranged in his understanding?"

"I am no card-player," said the doctor, with great address, "but I have read in history that cards were invented for the amusement of an insane king."



The Medical Library

By O B SERVER

"James Cooke of Warwick, Practitioner in Physick and Chirurgery." 1614-1688.

This is a book replete with interesting autobiographical details of "ye olden times." It was in 1675 when the first edition of "The Marrow of Chirurgery" was printed. In this epistle dedicatory to "The Right Honourable Robert Lord Brooke, Baron Brooke of Beauchamp Court," the author speaks of "the inexpressible favours I have received from your noble family ever since I had the undeserved honour to retain thereto as servant and chirurgeon for near this forty year." This would bring the date of his entry in the family to about 1635, when he was only twenty-one years old.

In 1643 he accompanied Lord Brooke, the predecessor of the patron to whom he dedicated his book, to the siege of Lichfield, and when that nobleman was shot dead from its walls by dumb Dyott, Cooke embalmed the body for removal to Warwick. He writes: "Then follow the next course, which I took with the bowels of the Right Honourable Robert Lord Brooke. I caused a cooper to make a strong tite barrel fit to contain them, and to pitch it within very well, into which I put all the bowels with good store of bran and some salt, after the head being put in it, was pitch'd very well, after which I besmeared it with the oyls after prescribed, and so it kept for a month or six weeks, till the body was interred without any offence."

In 1645 he was back at Warwick, as appears from the following anecdote: "They (that is, wounds of the heart) are known by much blood gushing out, universal tremblings, pulse small and weak, cold sweats, oft swooning; and when the limbs grow cold death is near. The knowledge of these led me to predict rightly, that one Moses Lander, servant to Captain Bridger, was wounded in the heart. This being worth observing, take it here."

"The Scots under Lesly in their march from Hereford to Newark past through Warwick, there being guards set at several places to prevent disorders. A Scots trooper, quarrelling with one of the Guards, the said Captain and his man passing by, the man intreated him to be quiet, for they did but discharge their duty. The Scot, immediately leaving them, did with his Tuck run him in at the left side, which passed between the ribs into Mucronata. The man, finding himself wounded, set spurs to his horse and rid from St. John's Brook to the Castle, the best part of half

a quarter of a mile. As he came riding up, I with others standing at the outmost gate of the Castle, seeing him making such haste, with a wan countenance (that always had been ruddy) and the horse side bloody, scarce my thoughts of his wounding being perfected, before he came near me by twenty yards, he fell from his horse. I with another ran and carried him within the gate, laying him on a form without, at the porter's lodge upon his back, by which time an unusual coldness had seized him; his pulse was gone, and so to all appearance past recovery. I used frictions till a handful of salt came which I sent for, with which rubbing his lips for a quarter of an hour his colour came, and he began to look up. Being after carried into the Castle I prescribed this: R aq. borag. buglos. julap. Norimberg aa ʒj, aquae cinnamomi ʒvj, confect. alker. ʒj, syr. caryoph. ʒj. M. Having taken six or eight spoonfuls at several times, he seemed to revive more, and his pulse got up a little. About two hours after, coming to him with my wife, speaking something to him to prepare for heaven, he understanding, cried out for all or most part of that night, 'Heaven! heaven!' The next morning, finding him in a fever, after I had dressed his wound, which was very small, I opened a vein. Towards the afternoon he spoke pretty plain, and knew me. This day I was sent to by the Commissioners to know the state of the man, that so General Leven with a Council of War might try him. I returned answer that I conceived he was wounded into Mucronata, and that he could not long continue. The next morning, finding the fever again increased, I repeated V.S. as also the next morning after that, yet in the afternoon he died. The next day I opened him, there being present his Captain, Mr. Trap, minister, and several officers and soldiers; I found the Tuck through the diaphragm into the point of the heart, almost to the right ventricle, and the stomach drawn up above the midriff. He was a Congregational member, meeting then in Warwick Castle. He made a very sweet and comfortable end."

The succeeding anecdote probably belongs to the preceding year 1644, when he was still apparently at Warwick: "William Rose, scouting towards Banbury with some others, met near to Amwell a party of horse much greater than themselves. Thinking them enemies (but deceived) those with him fled. The other, thinking them Cavaliers, pursued; and therein overtaking Rose, bestowed on him a leash of bullets.

to speak Huntsmanlike, two of which together, and the third at a small distance, passed in near the spondyls, and taking their way transverse, came forth on the inside of the right arm at three several places. He being carried by them to Compton Garrison, then for the parliament, I sent my mate to open a vein, to dress him, and to see him brought to Warwick. For six days or more after he came, he seemed to be hopeless, could have no sleep; although I gave laudan, to grs. iij, increasing by degrees to six, that only procured ordinary sleep. His cough was seldom, but great, and then the wind breaking out of his wound [this, although not specifically stated, was a wound of the lung, secondary to the joint wound] was so great, that its report astonished people; yet by ordinary dressing without injection, by God's help he became well, and I saw him alive, 1672."

His next military recollection may refer to the campaign of 1643: "At the taking of Sir Thomas Holt's house near Birmingham by storm, amongst the rest, there was a soldier wounded in the back. If we may credit our diligent search, the back bone was wholly divided, so that we saw the lung's motion. He was desired to prepare himself for death. I only applied to the wound Liniment Arci and in that Parascel. The next morning, coming early to dress them, I asked if he was dead, but, to my amaze, I found him taking a pipe of tobacco. I bid him make ready for dressing. As soon as the dressing was removed, we found to admiration flesh had filled the wound near to the brim. After being cured he went to Dudley Castle, there continuing a soldier.

Cooke gives only one more instance of his Civil-War surgery—namely, an incident of the siege of Banbury (probably 1644): "A soldier of Warwick Castle, having received a wound on the eye-lid, at Banbury Castle siege, it being not art-like dressed, the eye-lids grew together, and he delivered hopeless as to sight. Coming to Warwick, I viewed it, and after forced a small probe by degrees in on the corner next the nose, and bearing it up, divided the lids from together all along; the man seeing was overjoyed."

We catch glimpses of him in later times. (Of 1666 he writes: "Being commanded by the Lady Dowager Brook to wait on her to London, to take the consult of physicians, in the way before we came to Tossiter, we met with the tidings of that fatal Fre of London, which caused her honour to resolve for Hackney. After some time of her being there, I was desired by Mrs. Hatton to go visit one near her time of her first child, who was aged. She begged of me to come to her if there was need. I told her there were several much abler than myself, and fitted with instruments (which I wanted), that might be had from the City. After two or three days, in the night she sent for me. I being very much indisposed, and the night tempestuous, I deny'd but being much importuned by a gentlewoman I went; when

come, I made tryal, and found the child come right but without advantage, though pains were strong. I made use of what came next my thought, getting it a little better fitted at a smith's shop hard by, with which I brought away the child, though with much difficulty, which being done, I put up my hand presently to bring away the secundine. I met in the way a great bunch, at first thinking it another child's head, but having felt it considerably, I found it a bunch very hard, distinct from the womb. Being in the morning had to Mrs. Hatton in a coach, I then told her (being with me) if ever her kinswoman had another child, if great care were not taken, both might die, which came to pass, for though on the next child she had (as we are called) a man midwife from London, both of them dyed. They sent me word after to Warwick, she greatly desired me."

He seems to have had some fame as an accoucheur. In one case of this kind he draws an amusing picture, when, being summoned to the aid of one Goodwife Elliot, and essaying to leave the house in order to go for "somewhat to provoke pains," the two midwives present "took him and brought him by violence to the bedside, telling him they were sure the child was dead, and he should not stir until he had delivered her." He unwillingly used his instrument at their request (apparently some kind of a hook), and caused a wound in the child's skull, which was duly healing under his care—for the child was by no means dead—"when a careless servant, having the child on her lap, being asleep dropped it into the fire, and there it was suffocated and burnt to death."

Ueber Topographische Altersveränderungen des Atmungsapparates und ihre mechanischen Verknüpfungen an der Leiche und am Lebenden untersucht.

Alterations in the position of the various portions of the respiratory apparatus are of considerable practical importance, and Professor Mehnert is to be congratulated upon his monograph, in which he deduces from the results of his own elaborate and careful investigations, and from a summary of the work of previous observers, a series of conclusions regarding the changes which occur in the topographical relations of the lower margin of the cricoid cartilage, the bifurcation of the trachea, the lower margins of the lungs, and the upper surface of the diaphragm at different periods of development. Professor Mehnert's general conclusions are that during the whole period of life, from the fetal condition to old age, there is a continuous descent of all portions of the respiratory system, and that the descent is due partly to loss of the elasticity and tonicity of the structures which attach the respiratory organs to the base of the skull and partly to alteration of the inclination of the base of the skull itself. The descent is so marked that the lower border of the cricoid car-

tilage, which is at the level of the disk between the second and third cervical vertebrae in the fetus, is at the level of the first dorsal vertebra in old age, and the bifurcation of the trachea changes from the level of the second to the level of the seventh dorsal vertebra.

**Die Missbildungen des Gaumens
und ihr Zusammenhang
mit Nase, Auge, and Ohr.**

In his work on malformations of the palate and their relation to those of the nose, eye, and ear, Dr. Fritz Danziger has found an interesting subject for investigation. Taking as a basis the relationship of the interpalatine fissure to the median antero-posterior plane of the body, he shows that according as the fissure lies obliquely to the plane, or is deviated from it, so numerous degrees of asymmetries and abnormalities of the bones of the face and cranium are associated; and in particular he instances defects of the upper and lower jaws and deviated septum nasi. Many cases are given in which such conditions as astigmatism, scoliosis, and defects of the external and internal auditory meatus, are met with in patients in whom the interpalatine fissure is deviated from the right line. The writer appears to have been fascinated by his subject, and to have pursued it with an enthusiasm which has probably led him to overreach himself somewhat, for he gives some cases wherein all the above-mentioned abnormalities were associated with idiocy and other forms of mental aberration.

**An Introduction
to Physiology.**

Dr. W. Townsend Porter is Associate-Professor of Physiology in Harvard University, and the laboratory handbook which he has now published with the above title, will be useful as affording a practical illustration of his principle. This is that the student should for himself perform, as far as is practicable, those classical experiments that are the groundwork of the science. It is maintained by the upholders of the system that the student should be "trained" rather than "informed," and that when he is trained he may be trusted to inform himself. Accordingly, in this book, which appears to be practically a description of the system at present in use at Harvard University, the physiology of muscle and nerve is taken as the means whereby those all-important habits of mind may be developed—the habits of exact observation and clear reasoning. The student is first educated in the art of making muscle-nerve preparations and the methods of electrical stimulation, then the experiments on which the knowledge of the physical and vital properties of nerve and muscle is built up are described step by step, and an interesting running commentary is kept up throughout.

**Geburtshilfliche Operationslehre
für Studierende und Aerzte.**

Professor Skutsch is of the University of Jena. In some things the practice taught in this book is not that followed in this country. The tendency is to more complicated and drastic methods than we adopt. The author describes the English perforators, the cephalotribe and the cranioclast, but he prefers the trephine perforator of Pajot, and holds that a three-bladed instrument invented by Auvard, which combines a gimlet to screw into the base of the skull with two blades to crush and hold, will oust both cephalotribe and cranioclast. We think the simpler instruments are better. Our remark as to the more drastic methods approved by our author applies especially to the pages on retroversion of the gravid uterus. There is no mention of the fact that twelve cases out of thirteen will right themselves if the patient is kept in bed with the bladder empty.

Methods of forcible reposition are described, and in the case of all attempts at repositions failing (cases which are rare in the practice of competent men), he suggests making a longitudinal incision through the posterior vaginal wall into Douglas's pouch, opening the uterus by an incision in its posterior wall, extracting the ovum, then sewing up the uterus and replacing it. He also recommends removal of the uterus by the vagina in extreme cases of post-partum hemorrhage. Professor Skutsch attaches much importance to position. When the head descends into the pelvis in a transverse position, his advice is that the woman should be made to lie upon the side towards which the occiput is turned. This, he teaches, will favor descent, and therefore rotation forward of the occiput. In the dorso-posterior transverse position he tells his reader to bring down both feet, for thereby the back will more certainly be brought to the front.

**Diseases of the
Upper Respiratory Tract.**

That a revolution has been effected in the treatment of diphtheria by the use of antitoxin now obtainable is the opinion expressed by Dr. Watson Williams in the fourth edition of his work. The writer speaks very highly of intubation, and while comparing its advantages and disadvantages with those of tracheotomy, he says, "but I may urge the advantages of intubation as affording a ready and effective means of tiding the patient over the period of dyspnoea that is usually relatively short when antitoxin has been given early." This sentence describes briefly what should, at the present day, be the ideal treatment of laryngeal diphtheria.

The treatment of tuberculous laryngitis is discussed in the light of the modern treatment of tuberculosis in general, the writer stating, "laryngeal implication is no contraindication for such rational methods (open air, etc.) which, combined with local treat-

ment of the larynx have yielded most favorable and encouraging success." In certain cases he is in favor of submucous injection of guaiacol, similar to that already employed by Krause, Chappell, and Donelan (misprinted Donelari). Lactic acid is in general recommended, but here are some contraindications. With regard to the question of operative treatment of malignant neoplasms, when thyrotomy is not sufficient and partial laryngectomy is required, he recognizes a growing feeling that total excision of the larynx is preferable. In the introduction of the chapter on neuroses of the larynx, the author expresses his accord with Semon's well-known views. Among the neuroses he includes stammering, and in the treatment gives a large place to breathing gymnastics. The consideration of laryngoplegia as such is appended somewhat inconspicuously to the section on paralysis of the internal tensors of the vocal cords; the description given both of the unilateral and bilateral forms is quite worthy of a bolder heading, so that the reader might not overlook what is really an important part of the subject.

Among other points of interest may be noted the discussion as to the essential nature of atrophic rhinitis, the author considering it to be "of the nature of a tropho-neurosis, which, like *acne vulgaris*, is generally connected in some obscure manner with sexual development or sexual involution at the time of the menopause." This is a conclusion to which we are driven in many cases, although Bosworth's view that it is sometimes the result not of chronic hypertrophic, but of purulent rhinitis cannot be altogether discarded. The question of the choice of anæsthetic for the removal of post-nasal adenoid growths is very judiciously discussed, the advantages of nitrous-oxide anæsthesia being very favorably set forth. Hay fever has always been a favorite subject with Dr. Williams. He is still satisfied with the results of treatment by means of a spray of biniodide of mercury at the period of the onset of the symptoms; he speaks favorably of the adrenal capsule and orthoform, and refers to Holbrook Curtis's injections of extract of ragweed and other flowers with the object of producing immunity to their influence. Intranasal medication in the treatment of asthma is well spoken of, especially in acquired as opposed to hereditary forms.

Diseases of the Throat, Nose, and Ear.

Dr. McBride is not so "advanced" a practitioner as some, and his work bears evidence in every chapter of a very wholesome skepticism regarding new departures, whether in theory or practice. Sometimes it seems to us that he loses by his conservatism, as for instance in the chapter on the accessory sinuses; but, if this be so, it is an error on the side of safety, and one that time is sure to correct. Dr. McBride thinks that

"there is every probability that those cases which have hitherto been classed as chronic hypertrophic laryngitis, are in reality due to scleroma." This is a very sweeping statement, and we had supposed that though the appearances below the glottis are similar, the processes are distinct. In both there is cellular infiltration with subsequent formation of fibrous tissue, but scleroma is a bacillary infection which runs a definite if prolonged course, and leaves nothing but a contracted cicatrix behind it; whilst in hypertrophic catarrh the fibrous tissue tends rather to slow increase, and has no connection with any known bacillus.

Speaking of the use of the spokeshave, Dr. McBride remarks that it is only justifiable in a few instances, adding "if the amount removed could be satisfactorily controlled it would be more frequently advisable." With this we quite agree, but surely after such an expression of opinion we have a right to expect what we do not find, some advice on the subject of partial turbinectomy, for there is a great gulf between the snare and cautery on the one hand, and the spokeshave on the other, and it is just the intermediate cases that are most troublesome.

In treating epistaxis, if compression of the alæ or the application of an oiled plug to the anterior part of the septum do not suffice, the reader is advised to plug the posterior nares; we believe, however, that an attempt ought always to be made to localize the bleeding spot, in order to apply the plug to it directly. The posterior plug is, we believe, very rarely required.

Entstehung und Verhütung der Ohrenerkrankungen.

Dr. Gerber, in his work on the origin and prevention of aural suppuration, expresses the opinion that the middle ear is almost always invaded from the upper air tract, and that the infective organisms concerned are the same which produce suppuration in other regions of the body, chiefly staphylococci and streptococci, and not the specific organisms of the diseases in the course of which otitis may occur as a complication. "Keep the nose and throat healthy," he says, "and the ears will remain healthy"; and "if the nose or throat become infected try to prevent extension." The directions for cleansing the mouth, nose, and throat in fevers are very complete, and mostly capable of application by anyone who will take the trouble; but the recommendation to swab the naso-pharynx with antiseptics will probably be found somewhat difficult of application, especially in children, who form, of course, a large majority of the patients. The importance of nasal respiration is emphasized. The precautions enjoined after nasal operations are, we think, needlessly elaborate, and savor rather of meddling surgery. The random use of douches and syringes is justly condemned.

Worth Reviewing.

The Ears.—If supernatural acuteness of hearing occur during the progress of disease, it is a bad symptom. Obtuseness of hearing is not indicative of anything serious. It is even considered by some as a good sign, when the patient becomes partly deaf. It is only when it has a deeper seating, that it is a sign of organic cerebral lesion and becomes serious.

Depraved sense of hearing may result from imagination, from throbbing of the arteries. These peculiar sounds often occur in closure of the eustachian tubes in chronic catarrh. It is often the precursor of apoplexy, and delirium. It is often difficult to tell if these abnormal sounds in the ears are from closure of the eustachian tubes, or from cerebral lesions. Old persons, who go out little in the open air, have these peculiar sounds in the ears. Anæmic conditions bring it on. The sounds are sometimes drumming, throbbing, singing, hissing, roaring, etc.

Aconite is often indicated for these conditions of the ear—roaring sound in the ear and epistaxis. After giving aconite we may have epistaxis. The face is either red and hot or cold, or pale or red. Sensation of weight in the head; sensation in the brain like hot water boiling; dilated pupils; aversion to, or sometimes desire for, light. Worse at night. Better from cold air.

Æthusa cynapium acts upon the eustachian tubes, discharging mucus; there is always a sensation of obstruction. The head aches as though in a vise, similar to mere. viv. Stitching, tearing pain in right ear, passing off into right malar bone. Sensation as if small of back were in a vise.

Alumina has sensation as if a red-hot iron were thrust in back. Alumina has heat and redness of left ear in the evening.

Aloes has a crackling sensation in the ears when riding or when talking aloud. Aloes patient is better when sitting up, like bell., and worse when moving, like bry.; also worse when standing, like sulph. The bowel symptoms in aloes are worse when sitting still.

Nitric acid has this crackling sound when eating; also vertigo on moving, with sense of weight.

Belladonna is said to be the best remedy for hydrophobia—each pain being aggravated from a draught of air, worse from the light, from perspiring, from drinking, from glare of the sun. Better when lying with the head high; and better while standing and when stooping and leaning forward.

Bovista is one of the best remedies for fetid discharges from the ears, with stitches, deafness, and itching; a sound of rushing of wind in the ear, often after measles. Crusts in the nostrils; fluent coryza, also epistaxis. Eruptions in corners of mouth; gums bleed easily. Apt to occur after measles.

Bromine has sound of bell ringing in the ears. Painless discharges from the ears, from hard swelling of left parotid gland, corroding discharges from nose with coryza and stoppage of nose; corroding and burning discharge in throat; low-spirited. Patient worse in the evening until midnight, and while in a warm room and at rest, with desire for mental labor.

Calcarea carb. has throbbing, roaring, and humming in ears, a concomitant of uterine difficulty. A sensation of crackling in the ears while masticating. Hardness of hearing after abuse of quinine. Stitches, pulsations in the ear, vertigo on ascending or on looking up. Fullness and heaviness in forehead common in catarrh. Congestion to head, with hammering. Menstruation too early and too profuse, or, when on time, being too profuse and too long; for light-haired patients, blue eyes, who are extremely melancholy; they fear they will lose their senses. Epistaxis in women in whom menstruation has ceased. Dryness and scabby ulceration of nose; fetid discharge from nose; loss of smell with stoppage of nose. Patient worse in evening and after midnight, towards morning, in the cold air, and in damp weather; worse on waking; excellent in mania a potu—after drinking a great deal. Patient imagines he sees snakes, etc., on closing eyes, nervousness.

Some Odd Remarks Found in Medical Genius.

House-maid's Knee.—Pass through the tumor a thick thread and let it remain; the swelling will gradually subside, or gather and break and disappear.

Inflammation of the Eyes.—Raw potato reduced to a soft pulp, and applied as a poultice, is hard to beat. To old sores apply scraped turnip. To erysipelas, raw cranberry pulp.

Baby to Sleep.—Pressure upon the anterior fontanelle of an infant will directly induce sleep; when the pressure is removed the child will waken.

Epileptic Fit Arrested.—Thrust your finger nail forcibly under the nail of the great toe of the patient.

Boils Aborted.—At the very outset scrape the skin over the spot where the boil is forcing with a sharp knife, so that a drop or two of blood may be pressed out. The boil will not develop.

Sleeping upon a mattress filled with oat-straw is sometimes cause of inflammation of the eyes.

Obstruction of Bowels.—Inflate the bowel by bellows. Instant relief by ample distention.

Boy or Girl—Which Will It Be?—If the expectant mother walks slowly, flat-footed, has sunken eyes, and craves oysters, it will be a boy. If she walks quickly, with elastic gait, has full eyes and craves sweetmeats it will be a girl.

TOPICS OF THE HOUR

Indiana Oddities.

"Queer things happen in our line out in Hoosierdom [says Dr. W. B. Clarke]. At the Honey Creek township carpet-rag sewing party at Mrs. Wm. Hendricks', near Kokokomo and Russiaville, a lady was attacked with toothache, the bacillus spread, and a dentist was sent for, and he didn't quit until he had fifty-seven teeth, all in a more or less perfect state of preservation."

A gentleman of Indiana has been practicing what he calls the kiss cure for nervousness upon his female patients, and when this fact becomes known to their male relatives they practiced the kick cure upon him, and with wonderful success.—Chicago Inter-Ocean.

Indianapolis Dispensary physicians report "a great prevalence of rentitis this bad weather." The rent falls due and some member of the family goes to bed, calls the dispensary physician, and he supplies a certificate of illness which prevents eviction, temporarily at least.

Lydia Adams, a Lafayette (Ind.) professional nurse, had her facial beauty badly disfigured by the explosion of a cough mixture she was preparing for a patient. This reminds us of a similar occurrence which happened to a member of the Legislature of the Hoosier State. He got up a liniment, and distributed its circulars in the House. In driving one day a jug of it exploded between his legs in the buggy, he was seriously injured and burned, and the buggy was destroyed by the resulting fire.

Staphisagria in Urethral Disorders.

From a recent copy of the Medical Council we clip a few paragraphs credited to Dr. W. E. Bloyer of Cincinnati, one of the editors of the Medical Gleaner, wherein he speaks of the value of this drug in prostatorrhea, spermatorrhea, and other genito-urinary troubles. He gives 1 dram of the tincture in 4 ounces of water, 1 teaspoonful every four hours. He states:

"We prescribe no other remedy with greater confidence, and we add no other to it. It relieves the blues and gloomy forebodings. It quiets disturbances and uneasy feelings about the bladder, urethra, testes, vesiculæ seminales. It is often the remedy for gonorrhea, especially in the later, or gleety, stages. Use staphisagria in ordinary doses, internally, when your injections do not seem to act as you expect them. The nervous effects of gonorrhea frequently counter-

act all the effects of medicine. This remedy quiets the nerves, and, besides, it acts upon the kidneys, so that a freer flow of water follows, and the local applications, in the form of injections, have a better opportunity to relieve or cure urethral irritation."

In a severe case of post-urinary burning and scalding, following gonorrhea, after we had gone up and down the whole gamut of indicated remedies, another physician recommended urotropin, 24 capsules, of 2 grains each, 3 capsules daily. And lo, and behold! the patient got better and is now well. Which is why we remark, and our language is plain, that for ways that are dark, and tricks that are vain, the medical lay-out is peculiar; which the same we are free to maintain.

Cannabis Indica in Excessive Menstruation.

"While the curette is the ideal instrument for attacking excessive menstrual flow," says the Kansas Med. Index, "there remains a number of cases that will not permit operation, and others in which the trouble is entirely one of functional derangement. In such cases, especially where the exciting cause is an irritation arising in the fallopian tubes or in the ovaries, 10-to 15-drop doses of tr. cannabis indica, given every three or four hours, is often curative. It should be commenced a few hours after the flow sets in, say twelve to fifteen hours after, and continued until its effect is produced or the symptoms abate. Much will depend upon the character and purity of the product used as to the amount of benefit received."

Subcutaneous Injections of Quinine for Cancer.

Starting with the idea that the presumed cause of cancer is a parasite belonging to the group of protozoa—organisms on which quinine acts as a very active poison—M. Zaboulay of Lyons (Med. Times) has practiced, on three women suffering from malignant tumors that could not be operated on, daily hypodermic injections containing 0.50 to 1 gram of bichloride of quinine.

The Palmar Arch.

At the meeting of the Palmar Arch of Cleveland, on the evening of March 6, the usual banquet followed with appropriate addresses. Among the latter was an enthusiastic one by Dr. H. F. Biggar, who had renewed his membership, and in accepting his re-election complimented

this unique medical association upon the work accomplished, and the purposes of its existence. He reviewed the attitude of the Arch in dealing with State legislation, in pursuing and prosecuting illegal and incompetent practitioners, and in advocating and pushing to a successful issue the several theretofore loosely conducted Board of Health requirements of Cleveland.

Dr. Biggar, while a homeopath, admired and commended the policy of inviting all legal medical men into the ranks of the Arch. He deplored, however, the exclusion of those who are associated in college work, believing that in the event of improper applications, the ballot is sufficient to defeat such members. "Instructors in homeopathic colleges assert that the study or investigation of any other system tends to make unsuccessful practitioners because of the confusion of methods. Such an argument is foolish and uninformed. For example, who are better homeopaths, who are more successful physicians of our school, than the Canadian, British, or Continental doctors, who are compelled to graduate from an allopathic medical college to become licensed practitioners of homeopathy?"

The speaker then referred to a statement, repeatedly heard within the past two or three years, that the State law is greatly lessening the attendance of students because it is too exacting in its demands upon them. He said, in answer, that the leading colleges of this country all have increased attendance, and this mainly because these leading colleges are possessed of the moral and material means to bridge over the crisis in college affairs: "the college that is not endowed, or is not in affiliation with a State university, or is not quick to catch and utilize the popular drift toward specialism, must of necessity go to the wall."

Dr. Biggar also called attention to the impolicy of a college faculty governing itself, electing itself and the like, and followed up his remarks with a reference to college matters within his own experience and the knowledge of his audience. He advocated a government of the alumni associated with business men who are not medical men, or, at least, not in the faculty.

The address was listened to with deep attention and received with great enthusiasm.

♦ ♦

The "Deadly" Tomato.

The amateur scientist, like the pure-food crank, is ubiquitous and irrepressible. He has made himself so obnoxious that even Miss Kate Field, who can lecture eloquently upon California wines, and successfully edit a most readable paper at the same time, has seen fit to sit down upon him, as it were. What has particularly aroused Miss Field's gentle ire is an attack upon the tomato. Although this succulent vegetable or fruit, whichever it may be, is called the "apple of love" in French, and the "apple of gold" in

Italian, it finds comparatively little favor in European gastronomy. In many parts of Europe it is even now thought little better than poison, possibly because it contains an infinitesimal part of strychnine. "The great American stomach," says Miss Field in her peculiarly sarcastical way, "cares very little for such a component part as strychnine. Is there not poison in lots of things? Suppose certain physicians, heeding the example of Europe, do declare that it is injurious to the system, why pay attention to cranks who are finding death nowadays even in bread—bread, if you please, which is the staff of life. So the great American stomach goes straight on eating tomatoes raw and tomatoes farcies in summer, and tomatoes stewed in tin cans all winter long, utterly regardless of criticism, ignoring even that Boston woman who, after years of investigation, came to the conclusion that the tomato as a food led to moral decadence."

The worst feature of the amateur scientist, who has discovered that the tomato is almost as deadly as dynamite, is his further and more important discovery that the tomato affects the brain in such a way as to obliterate all distinction between right and wrong. All other discoveries fade into insignificance when compared with this one. Koch's cure for consumption and Pasteur's cure for hydrophobia are believed to be blessings of incalculable value, but they are as nothing when compared with the discovery that the tomato is responsible for all crime. For centuries our ablest thinkers have been trying to improve the moral tone of the people. In thousands of churches have doctrines been taught, aiming to make men better of their own volition. Upon the judicial benches are men who are employed to distinguish between right and wrong, and exonerate the innocent and punish the guilty, and yet, in our ignorance, we have been going on eating tomatoes all the time. Even that very preacher who tells us that the evil we do is because of the Adam that is in us eats sliced tomatoes for breakfast and stewed tomatoes for dinner, and the very judge who can sentence the abject criminal to the halter or to the pen has been consuming a peck or more tomatoes per annum for many years past. Now, however, that this scientist has discovered the cause of all our wrong impulses, and has demonstrated in his peculiarly subtle way that the tomato is a promoter of crime, we can dispense with our courts of justice and penal institutions simply by dispensing with the tomato. The Chinese may stay, but the tomato must go, even though it don't go any further than a Keeley institute.—St. Louis Grocer and General Merchant.

♦ ♦

Indications for Circumcision.

In reply to "W. E. H.," who asks in the British Medical Journal of September 28, What is the generally received opinion as to the effi-

cacy or otherwise of the operation of circumcision in infancy as a preventive of the habit of masturbation later? "Consultant to a Children's Hospital" writes:

"Circumcision as a preventive of masturbation is really only of service when there are clear and definite indications present, as follows: (1) If it is noticed by mother or nurse that the infant has acquired the habit of pulling at the foreskin or of fingering himself; (2) if there is a congenitally tight and long prepuce which causes difficulty in uncovering the glans, or if, after having retracted the prepuce, there is difficulty in drawing it forward again. Everyone knows that at birth the prepuce is relatively large, and that, with development, the glans grows more, and the prepuce gradually retires, until an appearance of natural circumcision is present normally, or can be produced by drawing back the foreskin. The mere presence of adhesions between the inner surface of the mucous membrane of the prepuce and the glans does not call for circumcision provided the prepuce is loose and can be retracted. All that is necessary is to break down the adhesions, especially around the corona, to remove any collected smegma, and to guard against subsequent adhesions forming. In the absence of such clear and definite indications, to circumcise every boy when an infant, to prevent his becoming a masturbator in after-life is pure quackery; women, unfortunately, sometimes develop the habit; are we, therefore, to advise some preventive operation to be done in the case of all female children? The argument that, owing to circumcision, onanism is comparatively rare among Jews (the scientific accuracy of the rarity of onanism among them is not proven) is on a par with the statement frequently made that, owing to the same cause, cancer of the uterus is comparatively rare amongst Jewish women. It is the fallacy, too common in our profession, of arguing from one instead of taking in all the concomitant circumstances. With our present knowledge of appendicitis an infinitely stronger case could be made out for removing the vermiform appendix in all children (male or female); but in this country surgeons have not yet proposed such a drastic course as a preventive of subsequent appendicitis (a condition in its immediate dangers and remote effects very much more serious than masturbation). Circumcision as a preventive measure of masturbation was several years ago suggested and carried out by certain surgeons; the results were anything but satisfactory, and I believe the practice of this surgical proceeding, in the absence of special local conditions, is a thing of the past. The truth is, in ninety-nine out of one hundred cases the habit arises either as the result of some mental deficiency or lowered moral tone, stimulated, to a certain extent, by the onset of puberty. One or two filthy boys will corrupt a whole school. The habit is to be prevented by the avoidance of low companions, by the foster-

ing of a high moral tone at our public schools, by encouraging everything (open-air exercise, unstimulating food and literature) to keep up bodily vigor, and, if necessary, in certain cases by a judicious hint from the parent or teacher as to the laws of physiology. It is by such means, rather than by the absurd idea of circumcising every infant, that the habit of masturbation will be eradicated.

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The Forbears of Christian Science.

Dr. R. W. Corwin, former president of the Colorado State Medical Society, delivered an address before that society on "Medicine in Egypt," from which we learn that Mary Eddy is not the Mother of Christian Science, falsely so called. We quote the following from Dr. Corwin's charming paper:

"In the early days of Egypt patients were sent to the temples for treatment, if able to move or be moved, or sat beside the road where they might be seen and prescribed for by those who had had similar ills. When a priest-doctor was called to the bedside of the sick, his only hope of curing the patient was through prayer. In those days it required no thought or knowledge to be a doctor, no experience was of service, no scientific investigation desired; dissection was considered unholy; vivisection criminal—even the undertaker who made the incision for disemboweling for embalming was mockingly whipped, stoned, and chased. Prayer and faith were the 'All-in-all'; incantations the only possible means of cure. These ignorant, superstitious healers depended entirely upon mental impression. If the malady was slight or the endurance of the patient great, the prayer healer got the credit of effecting a cure. If the patient died (although in that day it was claimed there was no death) evil influence, stronger than the power of the gods, predominated, and the prayer of this self-appointed, ignorant priest, doctor, or healer like those of the sinner of the present time, availed nothing. The world still moves in cycles."

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Alcohol in Surgical Dressings.

For thirty years past I have been using and advocating the use of alcohol as a surgical dressing. I am sure that as an application to wounds it has no equal. As an insecticide it may be inferior to the bichloride and other solutions used by the up-to-date surgeon, yet, while it may not be as potent to kill the bacteria, it is certainly superior to them in practical results. This may be owing to its power of arresting the growth of bacteria by rendering the material upon which they multiply unsuited for their propagation, or it may be that its beneficial action is due to its power of preserving animal tissue from decomposition.

Decomposed animal matter is a most deadly substance with which to inoculate the human system, possibly by reason of its suitableness to breed pathogenic bacteria, and if a substance can be applied to a diseased tissue that will prevent decomposition it is fair to infer that such substance may be invaluable in surgical practice. . .

In amputations and removal of tumors I usually apply dilute alcohol to the wound while the patient is under anæsthesia, and after the wound is dressed I keep the dressings wet with the same for several days.—L. J. Woolen, So. Clinic.

♦ ♦

*The Pessimist.**

Nothing to do but work,
Nothing to eat but food,
Nothing to wear but clothes
To keep one from going nude.

Nothing to breathe but air,
Quick as a flash 'tis gone;
Nowhere to fall but off,
Nowhere to stand but on.

Nothing to comb but hair,
Nowhere to sleep but in bed,
Nothing to weep but tears,
Nothing to bury but dead.

Nothing to sing but songs,
Ah, well, alas! alack!
Nowhere to get but out,
Nowhere to come but back.

Nothing to see but sights,
Nothing to quench but thirst,
Nothing to have but what we've got;
Thus thro' life we are cursed.

Nothing to strike but a gait;
Everything moves that goes.
Nothing at all but common sense
Can ever withstand these woes.

♦ ♦

Camphor Habit the Latest.

"The camphor habit is said to be the latest fad among fashionable women," says the New York Press. "Object—to improve the complexion; the idea being prevalent that the gum, taken in small quantities, will impart a peculiarly clear creaminess to the skin. Whether this is true or not science fails to tell us. It is enough that the idea prevails, and among the fashionable. The habit is by no means healthy, however. Where large doses are a rule it really degenerates into slavery, and at no time is it to be recommended. Camphor-eating, whatever its effects upon the complexion, tends to extreme weakness, lassitude, and an ever-present longing for sleep. So, even if your skin may improve, your wits are likely to suffer through the camphor habit."

* From "Ben King's Verse."

A Nameless Medical Hero of the Franco-Prussian War.

Dr. Gordon Sharp is authority for the following interesting account of an American student whose devotion at the siege of Metz entitles him to a place in the Valhalla of medical heroes. "After the surrender of Metz on October 29, 1870, it was found that 'black typhus fever' was raging amongst the French soldiers who had survived the siege. The Grande Place or great square of Metz was packed with railway wagons belonging to the Eastern Railway Company of France, brought within the fortifications in order to save them from falling into the hands of the Germans. During the siege these wagons had been converted into field ambulances in which the typhus patients were placed after their removal from the hospitals. Each truck had accommodations for at least six patients, and as there were 320 wagons, the typhus patients must have numbered 1800. After a certain lapse of time a detachment of German soldiers entered the Grande Place in order to remove the dead for burial. A large quantity of quicklime was brought in wagons and thrown from long-handled shovels over the corpses in the trucks. The bodies were then swung by the legs into the wagons, carted away into the fields outside the walls, and thrown promiscuously into huge trenches prepared for their reception. The soil was at once shoveled over them. 'Tools,'—as Byron bitterly protests,—'the broken tools which tyrants cast away.'

"Among the bodies thus unceremoniously huddled into the trenches was that of a young doctor, who had volunteered to attend on the sick men in the railway wagons, and who had himself fallen a victim to the fatal malady. The pathetic story of this youth of twenty-two is told in 'Quaker Campaigns in Peace and War,' and deserves mention as a remarkable instance of magnanimous self-sacrifice and courageous devotion to duty. He was a medical student of American nationality, unknown to me even by name. He had served in the French army as a surgeon throughout the campaign, and had been shut up with it during the siege of Metz. When the 'black typhus' patients had been conveyed out of the hospitals into the railway wagons in the Grande Place, and no surgeon or nurse was found willing to be shut up entirely with them in the square, he volunteered to go alone into the inclosure to undertake this dangerous duty. As a medical man he knew perfectly well he was taking his life in his hand in thus devoting himself to the care of these men, who were dying of the most terribly infectious of all forms of fever. All that one pair of hands could do to relieve their sufferings he did for them by night and day, literally handing them the cup of cold water in the name of a disciple; for it is to me inconceivable that any lesser motive could possibly induce a

youth of twenty-two to undertake so dangerous a task than 'the love of Christ constraining him.' Naturally in a short time the fever seized him in that hotbed of disease and ended his brave young life. Buried undistinguished among the heaps of corpses thrown indiscriminately into the trenches, 'no storied urn or animated bust' reared over that nameless grave to commemorate his noble self-sacrifice in the service of his fellow-beings—he remains in my memory and in that of my companions who knew the story—to be distinguished as the one true hero of the siege of Metz.

♦ ♦

Painless Parturition in Tabes.

Mirabeau of Munich recently related at a meeting of the Gynecological Society of that city a case where an afflicted woman brought forth a child in sorrow certainly, yet in neither pain nor peril. She was thirty-one years of age. When seventeen she contracted syphilis, after eighteen her health seemed good, and when twenty-two she married a man free from any morbid taint. For years the union proved sterile. When the patient reached the age of twenty-six unmistakable signs of tabes dorsalis set in; two years later the lower extremities were completely paralyzed. The patellar reflex was absent, there was sensory disturbance in the upper extremity, and the Argyll-Robertson pupil was noted. The patient could retain neither urine nor motions; she aborted when thirty, and soon afterwards, whilst undergoing a course of inunction, became pregnant again, and carried the child to term. Labor set in spontaneously, the pains were remarkably strong and well maintained, but the patient declared that she could not feel them, nor did she know that the child was born until she heard it cry. It was a healthy, well-developed female. Mirabeau observed that this case proves the existence of motor centers in the uterus. Owing to the patient's absolute insensibility to the uterine contractions, it was impossible to ascertain how long the labor had lasted when the obstetrician first examined her.

♦ ♦

An Indisputable Tragedy of Christian Science.

On December 17 last the Rev. Edmund R. Hardy of the city of Buffalo died of chronic Bright's disease. He was the oldest and most widely known Christian Scientist in that city, and perhaps in Western New York. He was also the first Christian Science "reader" of Buffalo. The facts of his sickness and death are as follows: On or about October 15 last Mr. Hardy called upon Elisha P. Hussey, M. D., of 493 Porter Avenue, Buffalo. He informed Dr. Hussey that he was "having trouble which was not yielding to the usual treatment," evidently meaning Christian Science treatment. He also

stated to Dr. Hussey that having some time before had serious trouble with his eyes, which also refused to yield to the usual treatment, he had gone to a prominent oculist of the city, who had told him that he undoubtedly had a serious, and in fact a very alarming, condition of the kidneys to deal with. From the time that Mr. Hardy visited the oculist until about October 15, when he came to Dr. Hussey, in spite of everything that he and his Christian Science friends could do for him, he gradually grew worse.

From that date, continuously, until his death, December 17, he was in charge of Dr. Hussey, like any other patient, with the simple exception that his family protested. They are all Christian Scientists. Mr. Hardy himself would not believe that he was going to die.

So far as we can ascertain no one has questioned Mr. Hardy's sincerity. He was but forty-six years old. In February and March of 1900 the Rev. E. E. Helms, pastor of the Central Park Methodist Episcopal Church, in the city of Buffalo, preached a series of sermons on "Why I am not a Christian Scientist." These sermons were fully reported in the three morning papers, and called forth a great deal of correspondence from the local Christian Scientists, and also from Carol Norton of New York city. On March 8, 1900, Mr. Hardy wrote a letter of great length to the Rev. E. E. Helms, in reply to certain things in his sermon. In that letter he said, "Christian Science is the one remedy for sin, sickness, and death," and, referring to the possibility of his dying sometime, said he would not "pass on" by the way of sickness or disease, giving the impression that when he disappeared it would be as an apple falls when ripe.

Here, then, we have a tragedy in Christian Science high life. A sincere and intelligent man, a firm believer; in him an insidious disease was at work and he knew it not. The usual treatment was tried in vain; he did not go so far in fanaticism as to die without making an effort. He went first to an oculist, who discerned at once the difficulty of the kidneys by perceiving the otherwise unaccountable condition of the eyes. And then he went to a physician.

Will the Christian Scientists deny that he went to the oculist? Will they deny that he took treatment from the physician, whose name and address we have given? While chronic Bright's disease is usually sooner or later fatal, it is quite within the bounds of possibility that, if this young man had had himself examined the moment he ascertained that anything was wrong with him (instead of declaring that it was a mere delusion), he might have been restored, or at least by hygienic methods and care might have prolonged his life for many years.

To meet such a case the Christian Scientists will say:

"Death has not been conquered in this case or in that; it makes no difference whatever to the

external verities of being. The science of mathematics is not affected by the errors of those who are learning it. Neither is the science of being affected by the errors of those who are learning to demonstrate its truth." This is simply hedging.

The entire concourse of Christian Scientists will have to die, and they will die of some disease; and when they do there is nothing left those who live upon the faith except to say that they failed to "attain a demonstration;" but that is a mistake; the demonstration they make when sick or dying is that they have followed a will-o'-the-wisp when they thought they had ideas which would prevent sickness or death.—New York Advocate.



The Third Stage of Labor, And—

Opsimathês writes in the British Med. Journal: "Could you find room for some remarks, by practical men, on this elementary, but very important subject? 'Expression' of the placenta, when it can be effected without undue force, is admirable. But it often fails. To 'go up' for the placenta is easy, but this procedure involves the risk (in spite of every precaution) of sepsis. Traction by the cord is discountenanced by the highest authorities—no doubt, with good reason. Yet I have seen an experienced practitioner, to my amazement, remove the placenta by this means, within three minutes of the birth of the child, without ill-result. He stated that he invariably acted thus without disaster. In my limited experience the typical dolores cruenti frequently do not occur, though one may wait twenty minutes or more for them."

In this same relation of obstetrics it has often occurred to us to ask why the human animal of all the other creation should be the only one deemed ill enough to be in bed, and fed post-partum, as if down with a typhoid fever? What is the real objection to giving the lying-in woman a decent meal of "vittels" as soon as she has recovered from the immediate effects of the "operation"? Why keep her on slops and tea, and tea and slops, until after the milk comes in, and, thereafter, on the chariest of foods? This is an animal act, done by our animal nature; why not sustain the injured animal with food fit for such emergencies? Among the Germans soups are brought in by the neighbors garnished with sensible eatables, washed down frequently with a

glass of beer, or a choice brand of Rhine wine. Among the Irish, whisky finds an early favor with the lying-in. But with our race of nervous microbe-bitten, baby-flooded Americans, the childbed time is made a sick time, to be treated with diet and slops, and more diet. At this rate of progress we may yet reach the Chinese ideal—reported in Hudibras—where the husband is put to bed and most carefully nourished and tended because of his accomplishment and in anticipation of his future labors. There is a whole lot of cobwebbed humbug about the parturient state.

A Doubtful Convenience in Cleveland.

"Indianapolis telephone subscribers have made arrangements with the central office to have their telephone bell act as an alarm clock. Persons who wish to take early trains out of town leave orders with the manager, and there is no danger of missing their trains. It has also frequently happened that a subscriber has left word to be called at one-hour or two-hour intervals during the night when he has to take medicine, and much inconvenience and worry have been saved thereby."

In Cleveland our greatest desire after getting in between the warm blankets at night is that the confounded telephone could be hung up so high or down so low, or sophisticated in some unobjectionable way, so that it wouldn't ring until seven o'clock in the morning. After a hard day's work in our ottar-of-mobile, or parish bicycle, it comes awfully hard to have to creep out about half-past one in the morning to help some unhappy female-gourmand dispose of a half-dozen indigestible articles ingested at the church-fair, or at a post-theater luncheon.

Safety Pin in a Child's Vagina.

Pediatrics says that, during a clinic recently, "Dr. Sara Welt-Kakels exhibited a safety pin that had been removed from a child's vagina, after various methods of treatment had failed to control a bloody leucorrhœa of long standing."

The last time we heard of this safety-pin it was a hairpin, and instead of being found in the vagina of a little girl, it was taken from the bladder of a governess, who, upon regaining consciousness from the anæsthetic, and being shown the hairpin, took the occasion to say to those of her lady friends gathered about the bedside: "There, now, let that be a warning to you, never again to go to bed with hairpins in your hair."

The Responsibilities of the Obstetrician.

"Manifold and great as are the responsibilities weighing upon the obstetrician, an attempt has been recently made to impose a further grievous burden upon him. In a case recently adjudicated in New York, a physician sued the husband of a patient for the remainder of his fee, which had, by arrangement, been allowed to stand over till after the confinement of the lady. The husband being very anxious for a boy, the physician naturally expressed a hope that his desires would be gratified. Fate, however, was unkind, and the result was a 'mere girl'! whereupon, the liability for the remainder of the fee was repudiated, the husband seeming to hold the physician responsible for the failure to realize his expectations. Fortunately the court did not agree with him, but ordered the payment of the stipulated remuneration in full. It is bad enough to be unjustly regarded as a quack; but to be made responsible also for the waywardness of the stork is more than a long-suffering profession can be expected tamely to endure!—N. Y. Med. Journal.

Yet Cleveland can go this one better. It is reported that a certain physician agreed with a childless couple, for the sum of five hundred dollar to him in hand paid, to bring the wife to bed with her own baby within fifteen months. That is to say, the physician did not—or rather—but the reader will understand what we mean without further explanation. Anyway the promised infant failed to materialize. A suit was threatened, was, we believe entered upon, but because of the ridiculousness of the whole transaction—the sublime faith of the couple—the matter has been quashed.

Pilocarpine a Cure for Drunkenness.

"According to Dr. E. P. Hershey of Denver, Col., in the Denver Medical Times, of October, 1900 [says The Med. Council], 1-8 grain of pilocarpine, thrice daily, destroys the desire for drink. It must be carefully watched for the usual untoward effects. It is much better than strychnine. He cites six cases in evidence. In one case it caused, also, a growth of hair in a bald spot on the head. He was backed up by others in the discussion following the reading of his paper before a society, and one claimed similar results from salicylate of sodium. The main effect of the drug, aside from its lessening the desire for drink, is free sweating."

As we recall the instance, when the gold-cure was all the fad, this pilocarpine was the hypodermic "shot" which each patient got at stated

intervals—causing him to go blind for a while after each treatment. If the above formula is true, it is worth pasting in the scrap-book for use, and so save a patient the expense, exposure, and humiliation of residing in a Gold Cure resort. Is not this also the ingredient in that extensively advertised Secret Remedy, which mothers and wives can use upon husband, brother, or son, without their knowledge?

♦ ♦

Book Reviews.

A Dictionary of Practical Materia Medica. By John Henry Clarke, M. D. In Two Volumes. Volume II. London: The Homeopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C., 1902.

After much confusion attending the sending through the U. S. mail of the first volume because of its being "held-up" by our customs house at New York, and a duty of thus-and-so-many per cent. exacted of the American Editor-recipients, this second volume reaches us safely, having been registered in London and transmitted without let or break. This second part, because of its greater number of pages than was at first estimated, has been put into two parts paged, however, consecutively, and is, therefore, more get-at-able than the one larger volume would have been.

What more can we say than we have already said in former writings concerning the first volume, namely, that it is a most stupendous work on the part of Dr. Clarke; and, remembering the time in which the work was consummated, it is truly remarkable. His position as Editor of the London Homeopathic World made it in great part possible to have access to all homeopathic literature, and thus keep himself in touch with all those many new remedies, proved and unproved, which he has incorporated in his life-work before us.

He does not pretend, and has nowhere said, that this Dictionary is an encyclopedia. He expects it to be used as a dictionary. And every literary student knows full well how much more information can be had from a consultation of a dozen well-condensed lines in a dictionary than from a long and laborious "wading-through" of three or a half dozen pages of an encyclopedia. Every remedy so far with which we are acquainted has been found in this Dictionary.

The paragraph marked "Clinical" under each remedy is worth a whole page of guesses in many of our materia medicas. It is the range-finder; after which "the man behind the gun" may most easily hit his mark. It is throughout a fine work, one which is of paramount need in the practical profession of to-day, and one which every careful student of homeopathy will appreciate at its fullest value. Dr. Clarke is to be congratulated upon the success and apprecia-

tion with which this his latest work has been received. And the profession is equally to be congratulated upon the excellent book.

♦
Mother, Baby, and Nursery. A Manual for Mothers. By Genevieve Tucker, M. D. Boston: Roberts Brothers. Dedicated: "To Mothers. Her lot to bear, to nurse, to rear, to love."

Not a new book, and not by any means a new subject. But Dr. Tucker has done the work so well in this little brochure that we take great pleasure in referring to it in our book-review page, because, recently, in one of our troublesome cases we found in its pages what the other baby-books in our library failed to disclose; or, if they contained the same information, it was hidden under so much learning and wordiness that it might as well not have been there at all. It happened that Dr. Tucker's book came but a day or two preceding this case of ours and gave us in an instant the light which we had been looking for in our older books. The book throughout is well written. It is interesting from every viewpoint. It is filled with information which the doctor, young or old, will find most convenient at times. And it is a book which the physician may with safety put into the hands of his parturient patients. The one chapter on the Prenatal Period is one of the gems of the book. It dallies with no nonsense, such as the many systems of starving the expectant mother in order that she may have a painless labor, and a weak, soft-boned baby. It deals with all these questions in an admirable, plain, matter-of-fact, common-sense fashion.

♦
Diseases and Therapeutics of the Skin. By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago. Philadelphia: Boericke & Tafel, 1902.

Coming from this hot-bed of Pure Homeopathy with another Allen in the first place, it seems needless to say that this is a homeopathic treatise in the best sense of the word. The author repeatedly states that he uses no local measures beyond heat and water, and this is something to think about by our profession with its ichthyols and mercurial ointments and acids and dopes and truck. If Dr. Allen is able to control the itching of various skin diseases with the internal remedy, and to heal others absolutely, then this his book ought to be bound in gold leaf and the author immortalized. We note that he has dedicated it in most loving phrase to that master homeopath J. R. Haynes, who was recently, since the publication of the book, motored to death in front of his residence in Indianapolis. As for the make-up of the book, we see nothing so very different from other books on this specialty in the division devoted to the classification of the various diseases, except that we miss the usual addition in most of the skin-disease books of para-

graphs on local washes, ointments, and the like. In the therapeutic part we find the usual homeopathic remedies in alphabetical order, with the indications given in practical excellent way, and ready for quick assimilation. We commend this book as well for its homeopathicity as for its noble attempt to rescue the art of healing from the mere routine swabbing and slopping and washing, whenever skin diseases are treated or treatment recommended. It is a decided novelty and one which quickens the blood of the old-style homeopath, and makes him wish that there were a half hundred more courageous homeopathic book-writers like Dr. J. H. Allen.

♦
Appendicitis. Its Relation to Pelvic Disease in Women. By Florence N. Ward, M. D., San Francisco. A reprint from the Pacific Coast Journal of Homeopathy for January, 1902.

An excellent paper and one which graphically depicts the proper relation of pelvic diseases in women to appendicitis. Several cases, with illustrations, tend to make the paper one of practical value.

♦
Thirty-second Annual Report of the Massachusetts Homeopathic Hospital. For the year ending December 31, 1901.

We mention this report merely to emphasize in the minds of the profession the excellent work done by this and other of our distinctive hospitals. The book is filled with the reports of its good work in and out of the hospital. It tells in the usual way, by means of reports and statistical tables, all that has been done by the various departments; where the money has gone to, how many of the admitted ones got well, how many continue uncured, and how many are done with life. The Nurse-training School seems to be an efficient arm of this institution. One of the sad things, in looking over this report, perfunctory and stilted though it be, as all institutional reports always are, is the absence from its pages, its committees, and workers, of any mention of that old friend of this Institution and of all homeopathic institutions everywhere—I. T. Talbot. Verily, verily we are soon forgotten when we are gone. God's beautiful sunlight again plays upon the carpet of the room in which not so long ago stood the casket of him whom we then so sincerely mourned. The darkened house has thrown open its shutters once more; the sound of music is heard, the laughter of children rises above the stairs; the aroma of flowers greets one at every point; and Talbot, the stalwart, the patriotic, the homeopath, the friend of the American Institute is gone and forgotten! This is man!

LITERARY NOTES.

—Lippincott's Magazine contained its famous uncontinued story, which proved of the old-time

interest. It lasted over a period of but two weeks—the story-telling-time did—and was filled with moving and interesting incidents. Other shorter stories, and its Walnuts and Wine, held up the former standard of excellences.

—The Century Magazine contains two colored pictures of the Southwest which are beautiful and worthy to be taken out of the pages of the magazine and framed. The article accompanying these pictures is equally fine. Other papers by distinguished writers fill up the usual grist of seasonable matter for spring consumption.

—The American Monthly Review of Reviews is filled with timely topics, and reviews the Cecil Rhodes will and its scholarships. The editorial department gives an excellent summary and exposition of the various measures before Congress. The other subjects are illuminating and strong.

Globules.

—The Detroit Homeopathic College had its Commencement Exercises on April 23 in the Detroit Opera House with an interesting class.

—Dr. D. H. Beckwith of Cleveland has returned from his annual Florida incursion, and is looking as well as always. Age touches him with a gentle finger.

—The Minnesota Homeopathic Medical Society has been successfully reorganized, with fifty members, and our handsome friend, H. L. Aldrich, M. D., president.

—The Drs. Biggar, père et fils, have removed to the Kingmore Block on Euclid Avenue, Cleveland, where they have furnished a fine suite of offices with all the modern appliances.

—This editor desires to speak a personal word answering several inquiries touching his next European tour. It had been planned to go this present year, but the American Institute coming here has made it desirable for various reasons to defer the tour for another year. It is hopefully believed that in June or July, 1903, the trip projected will materialize and of this our friends will have due and abundant notice.

—An interesting meeting was recently held at the home of N. Emmons Paine, M. D., in West Newton, Mass.; being the occasion of the golden wedding of Father H. M. Paine, who was married fifty years before in Norfolk, Mass. About thirty relatives were present, all direct descendants. Speeches were made by the principals to the affair, reviewing the long life. Congratulations were in order, to which, at this distance and this late day, we add of our quota. Dr. Paine is far from being an old man, and his influence in the homeopathic profession is still keenly felt. May he and his good wife live long and prosper!

—Dr. Geo. S. Iddings has removed to 262 Huron Street, the Caxton Building, Cleveland, where he has added a portable X-ray service.

—The Seventeenth Annual Commencement Exercises of the Cleveland Training School for Nurses of the Huron Street Hospital was held at the Euclid Avenue Baptist Church on Thursday evening, April 17. Eleven young ladies were graduated.

—We learn, as we go to press, of the resignation of ten Professors from the faculty of the Chicago Homeopathic Medical College, among which number we find the names of Dr. Charles Gatchell and Dr. John R. Kippax. The cause for this exodus is not known to us.

—The Commencement Exercises and Reception of the Training School for Nurses of the Lexington Heights Hospital were held at the Twentieth Century Club on Delaware Avenue, Buffalo, Monday, April 14. Everybody knows "by now" that this is our young friend Dr. DeWitt G. Wilcox's private hospital and that the hospital, like the man, is a success.

—The Walter Sanitarium at Walter's Park, Pa., sends the profession a very handsome booklet establishing its right to existence as a prime A No. 1 institution, located amid the most charming of health-inducing surroundings. It is a fine institution, under the government of a thorough physician and manager. Send for this booklet, if you want to find a place where nature seems to be in conspiracy with the effort of a sanitarium company to bring health and happiness to the weary, broken-down, and sick.

—About 500 members of the alumni of the New York Homeopathic Medical College and Hospital dined at Delmonico's, May 8. Dr. Bukk G. Carleton was toastmaster. Speeches were made by Dr. William Tod Helmuth, Augustus Thomas, Dr. T. Y. Kinne, and Dr. Merritt G. Chambers, valedictorian of the class of 1902.

An oil painting of Professor Timothy Field Allen, for many years dean of the college, was presented to the college by the class of '84.

—Dr. J. B. Garrison, chairman of the Committee on Transportation of the American Institute of Homeopathy, is able to report that the various railroad associations throughout the country have agreed to make a rate of a fare and one-third for the round trip, on the usual certificate plan, for the meeting at Cleveland, June 17-21. This applies as well to the allied societies meeting at the same time, and arrangements have been made to have an agent of the railroads present on Tuesday, Wednesday, Thursday, and Friday, so that any member being called away unexpectedly may have the benefit of the reduced fare, by having his ticket viséd at any time. A large attendance is confidently hoped for.

—The Twenty-ninth Annual Meeting of the Homeopathic Medical Society of Eastern Ohio was held at Akron, April 16, with papers by Drs. Clapsadel, Church, Waltz, Rockwell, Bishop, Jewett, Wood, Biggar, and Horner. Reports are that a fine time was had and everybody was pleased.

—Dr. Geo. W. Spencer of the homeopathic college of Cleveland has gone to Paris to brush up on Dermatology for a few months. Dr. Spencer is an enthusiastic student of this specialty, and his rubbing up against the great lights of Paris, and other cities, incidentally, will fill him full of this subject, and bring him back home to us with newer and still newer ideas in the treatment of skins.

—We have received an Address by Bushrod Washington James, President of the Masonic Veteran Association of Pennsylvania, delivered at the Annual Meeting, November 30, 1901, at the Masonic Temple, Philadelphia, which is a fine paper and handles the affairs of the Association in an intelligent and interesting fashion. The reprint is embellished with a fine half-tone portrait of the distinguished President.

—The Cleveland Committee of Arrangements for the entertainment of the American Institute of Homeopathy find that the promised excursion to Cambridge City, Pa., cannot be given because the hotel which was principally concerned in the invitation has found itself unable to carry out its promises. The Erie Railway, however, is in no way to blame, and would be glad to carry out its part of the programme. The Committee hope to devise some other form of recreation to take the place of the railway excursion.

—We call attention to the 1902 Homeopathic Directory published by the Homeopathic Publishing Company of London. This is a valuable little inside-pocket-book for those who contemplate a tour abroad, giving names, residences, office-hours and the like, of the homeopathic profession on the continent of Europe. Some few American physicians have availed themselves of the opportunity to have their names and addresses incorporated. It is a worthy enterprise, deserving the attention of every homeopathic physician everywhere.

—The Missouri Institute of Homeopathy held its Twenty-sixth Annual Session at St. Louis on April 28, 29, and 30 in the Southern Hotel. If we were a specialist with two-hundred-and-fifty-dollar operations twice or thrice a week, we would make a herculean effort to visit this progressive society—no, not to advertise our specialty, or to attract attention—but to enjoy the fruit of the labors of the master homeopaths in membership in this Institute. But a parish practitioner mustn't get too far from his base of supplies. The programme, which lies before us, shadows forth a fine feast.

—The Class of 1902 of the Homeopathic Medical College of Missouri was graduated on April 17 at Pickwick Theater, St. Louis.

—The Second Annual Report of the Lee Private Hospital at Rochester, N. Y., lies before us, an evidence of its prosperity. Its good work is well known of the profession, wherever Dr. J. M. Lee is known, and that is almost everywhere—927 operations during one year would seem to give someone a pretty extensive business.

—Dr. Gatchell, Secretary of the American Institute of Homeopathy, says that he will send application-blanks for membership to anyone dropping him a postal card to that end. The annual circular will, as always, contain these application-blanks; but in advance of the issuing of that circular, the application-blanks are at the service of the membership, as suggested.

—We have learned with much sorrow of the death of Professor I. D. Foulon, M. D., though the particulars of his demise have failed to reach us. Dr. Foulon was Professor of Medical Jurisprudence when we were passing through the Homeopathic Medical of Missouri, and he was always good to the students. He hadn't an enemy in any class before whom he lectured. He refused to become party to any politics—such as for a few years dominated the policy of the old college. We knew him many years before undertaking the study of medicine, as we were then daily associated with the legal profession, of which Foulon was an active and painstaking member. Why he took up the study of medicine we are not informed. That he made it a success is matter of report well founded. He was editor for a time of the Clinical Reporter, and during that time made his pen felt. He was not an old man, as we remember him, but a hard worker and student.

—This editor spent a day recently with Professor W. A. Dewey at Ann Arbor, and incidentally gave the class of the homeopathic department a talk on Lachesis. That there is unity of purpose, and homeopathic purpose at that, is apparent even to a wayfaring man. The class is a fine one; the method of instruction excellent; the clinical facilities of their new homeopathic hospital unexcelled; and the advantages of the fifteen-thousand-volume homeopathic library—the growth of only a few years since the new homeopathic faculty took charge—are superb. The hustling mayor of the village of Ann Arbor, Dr. R. S. Copeland, is not trying to live very sumptuously on his mayoralty salary—with the beef trust now in the saddle. As soon as the ground softens up again—when the frost gets out of it—the Dean of the Faculty, one Hinsdale by name, will resume his paleontological labors. A day spent with these single-minded homeopaths is worth a month of Sundays with the double-treating practitioners elsewhere.

—The Sixth Annual Report of the Ohio State Board Medical Registration and Examination is before us. It shows that the applications for permission to practice medicine in Ohio still continue with vigor. In time, however, this will fall off under the rigor of the newer laws. The report is finely gotten up and speaks well for the labors of the whole Board.

—Under the heading, "College Students would Welcome Passage of this Measure," a Columbus daily paper recites that "Denman of Toledo has in course of preparation a measure which will prove of great interest to every college student in a State institution, preparing himself either for the practice of law or medicine. As the statutes are at present, students of this character are compelled, after taking a full course at the schools and receiving their diplomas, to pass a further examination before State boards. These boards are maintained by a fee assessed against the applicants taking the examinations. It is said that the questions propounded by them are often such as do not come in the course of study given at the universities, and sometimes are of a nature irrelevant to the practice of either law or medicine. The bill to be introduced by Mr. Denman will admit students, who hold diplomas from either of the State universities, to practice without a further examination."

As may be observed, if this measure should become a law, it exempts only the State University students—a clever bit of privileged legislation—and the other medical schools would continue as at present. This would mean, further, a closing of the medical schools, other than the ones in the State University.

—In noting the press comments on the McKinley bills for medical and surgical attendance, it occurs to us to ask who would have paid the bills had the late lamented President survived his physicians and surgeons? In view of the lamentable finale it seems to some of us that the price now demanded might in all reason be made tolerably reasonable. And, if it is proper for the people at large to pay this bill, then that it may not be made a national scandal for months and months in Congress and the daily press. There was enough of that nauseating stuff following upon the death of Garfield.

—Measles have taken almost undisputed possession of Cleveland. Not a dangerous form, so far. The mockery of the Board of Health protection is most patent when one physician, a man of many years' practice, neglects for six days to make any report, and permits the other children of that household to mingle unrestrained with the children in that vicinity and even go to school. In one such case we followed this eminent authority in four families where the members of this first family had had entrée. Fun for the boys, but rough on the frogs!

—The Buffalo Homeopathic Hospital issues its little monthly leaflet to inform its patrons and the profession generally of its good work and continued existence. We note that our friend Dr. Burt J. Maycock is president of the institution, and other familiar names, such as Hussey, Cook, Martin, Wilcox, Parke-Lewis, are closely connected with its fortunes.

—The speech of former Secretary of the Navy Long, on Lincoln Day at Boston, suggests the question whether Lincoln would have permitted his Secretary of the Navy to blackeye a successful general or admiral and with a rancor passing all conception of fairness. There was much talk about Grant and his little jug. He violated all the rules of the political war-directors at Washington. Under the Spanish war rules he ought to have been cashiered and marked for perpetual obloquy. But he wasn't. As Chimie Fadden says: "He's got one of finest tombs in the world." Lincoln was a child of the people. And the people then, as now, declared for the successful general; and his persistent violation of five o'clock-tea rules and angel-cake politics was glorified into the seventh heaven. But Schley—however, our President says that incident is closed. And what he says goes.

—The gentleman of whom we spoke in a recent issue who had accepted a month's free treatment, and who had progressed so far thereunder at the time of his letter to us that he could neither hear nor see, has paid the debt of nature! After his death we discovered that the month's treatment was sent him from Rochester, N. Y.—the great State which protects its people from the incoming of quack doctors and others—and consisted of twice daily withdrawing into a dark and cold room, lying for twenty minutes on his right side, and concentrating his mind on the unbelief of any ailment in his physically tortured body. After that he was to take four or five long-drawn breaths and two glasses of cold water. In addition to this he was to take daily several white wafers. And this is permitted under the Laws of New York and elsewhere! This firm in New York is incorporated, and its letter-head shows the attendance of regular M. D's.

—A little unkind, to call it nothing worse, was the editorial in a contemporary hauling Professor Gilman over the gridiron, feet foremost, because he is advocating a cure for cancer. It is not wise to attack a newly made discovery, when it emanates from a man as prominent and popular as Professor Gilman, until it shows some evidences of defect or failure. Let us welcome everything, from whatever source, that may tend, in the long run, to ameliorate the sufferings of our patients. Just now the newest cure of cancer in England is made from a tea brewed from violets. There is testimony to show that it has been efficacious. But because it may not square with the Three Rules of Hahnemann, shall it be

cast out and trampled under foot? Hardly! That cancer or consumption will ever be wholly eradicated we doubt as much as we doubt the destroying of death. But that there may be amelioration of the pangs and agonies of these diseases, as well as of death, we as firmly believe as we fondly hope. Let us welcome every invention and give it a chance; for even though it may not prove a universal panacea, it may save some few sufferers from a long and lingering illness. This might prove the fact in our own immediate family.

—Dr. Henry Carson of Forest City, Pa., is dead at the age of 108. He continued to practice his profession up to last October.

—A splendid specimen of youthful vigor was that chronicled in the daily press a few mornings since, reporting that about three hundred students of the Omaha Medical and Dental college fought each other from nine o'clock till noon in one of the college buildings, and quit only when exhausted. The faculty was powerless to stop the riot. All the furniture was broken, and the pieces were used as clubs and missiles. Many students were hurt, and the floor was covered with blood. A feud of long standing between the medics and the dental students started the row. If this disgraceful affair had happened in a "literary" college it would have been called rowdyism of the first order of magnitude. It would seem, therefore, that there is another place for the use of the State militia, aside from the refusal of the city of Omaha to enforce the proper smallpox quarantine—which we note, from a recent Omaha daily paper, Dr. Bailey, as President of the Nebraska State Board of Health, is threatening Omaha withal.

—The Commission sent by the French Government has arrived at the conclusion that it is not the rat itself which is the source of infection of bubonic plague, but it is the fleas that infect the rat. That same thing was discovered by Mr. Plummer of Hongkong, during the epidemic of 1894, at which time the idea was scouted. It seems now fairly well established that the vermin on the rodents is responsible for the spread of bubonic plague.

[This is a species of *reductio ad absurdum*. Now it's up to you, Mr. flea! And little fleas have other fleas to bite 'em *ad infinitum*.]

—And now then, "boys and girls" [says a former contempt-orary, closing a glowing peroration on the Coming Institute meeting at Cleveland], let us begin at once and see to it that every member of our class, who is at present among the living, be urged to attend this reunion, and if not willing to join the Institute join us in a renewal of an "Auld acquaintance" that should not be forgot. Make this your summer holiday; make it the season of this year for you; make it an event in your lives which will remain as fresh

as has the time when, sitting before the rostrum, we looked up with a proud feeling in the heart to think that one of the diplomas held by the president of the Faculty was ours.

[Langwidge like this had ought to remain as fresh in our heart, which thinks with proud feelings, as when we knowed that the president of the Faculty had swiped one of our diplomas.]

—The latest treatment for consumption is to ride in the open air in electric cars at the rate of thirty to fifty miles per hour. This produces a marked feeling of exhilaration, increases the appetite, improves sleep, and, in short, is a cure for consumption.

—It is claimed that Thomas Morrin, chief engineer at the Mills Building of San Francisco, fasted forty days on account of dyspepsia, and continued his vocation. He lost thirty-five pounds in weight. Dr. D. Albert Hiller of 1011 Sutter Street, San Francisco, vouches for Morrin's fast. Morrin drank large quantities of water. On the third day of his fast he became exceedingly hungry, but after the fifth day the violent hunger ceased. He became somewhat weak, but not to such an extent that he could not attend to his business.

—Dr. Ch. Gatchell, the General Secretary of the American Institute of Homeopathy, paid Cleveland a visit in February, during which time he gave the Hahnemann Association of the College a little lecture which pleased the boys." He made a plea for optimism. He compared past times with the present in the various fields of human endeavor and showed, beyond a peradventure, that the "good old times" were, in reality, the "bad old times."

Many local and "foreign" physicians were present; Dr. Wood introducing the lecturer, Dr. W. H. Wynkoop of the Senior Class of the College presiding. There was an elaborate banquet and a good deal of music; the entire affair being held in the banquet room of the Hollenden Hotel.

—A new section has been proposed for incorporation in the medical law of Massachusetts, providing that:

Whoever, not being registered, shall advertise or hold himself out to the public as a healer of disease, or able to abolish disease or the symptoms of disease, or as competent to do surgery, or shall in any way treat or prescribe for the sick or injured for gain, shall be punished by a fine of not less than one hundred dollars, or more than five hundred dollars, for each offense, or by imprisonment in jail for three months, or both.

Good! Something of the same kind would suit some of the Western States, Michigan included.—Detroit Med. Jour.

[Yes; but sposen he is both diplomaed and registered—and there are sich, even in Ohio—then what?]

—Professor Dr. W. J. Hawkes of Los Angeles, formerly of Chicago, has written an able paper entitled: "Is Tuberculosis Contagious?" Suppose it is, or isn't, what difference does it make to him, if his great and glorious State of California closes its doors to the applicant consumptive?

—The important post of Medical Director of the St. Louis World's Fair has been filled by the appointment of Dr. Leonidas H. Laidley. Dr. Laidley was born at Carmichaels, Pa. He was educated with a view to the medical profession, and entered Cleveland Medical College in 1866. The following year he entered the Jefferson Medical College at Philadelphia. After graduating in 1868, he practiced medicine with his father and brother, and then went to New York, where he entered Bellevue Hospital Medical College and took a higher and more thorough course, being graduated with distinction in 1872. Coming to St. Louis the same year, he entered upon a successful career both as a practitioner and a medical teacher, showing always a decided love for the humanitarian side of his profession.

—A \$3500 homeopathic practice can be secured by a satisfactory applicant, and particulars are obtainable at the office of this journal.

—A Chicago physician says that dictating to a stenographer has ruined his spelling. He cannot write an ordinary letter now, he says, without making gross errors in orthography. Per contra, a good many people have found their "spelling" improved by dictation, at least their letters are an indication thereof.

—The Rockefeller Institute for Medical Research will appropriate \$20,000 annually to forty scholarships. Appointments are for one year, on recommendation of various laboratories, of those investigating pathology, bacteriology, or hygiene.

Poor therapeutics! Will they never get around to you?—Alk. Clinic.

[The Rockefeller Institute for Medical Research might accidentally ask so unfortunate a question as "which therapeutics? Allopathic, homeopathic, eclectic, dosimetric—or, what?"]

—An American doctor, crossing Europe, bought a first-class coach-ticket for a day's ride through a mountainous country where there was no railroad.

After riding on the coach for some time it occurred to him that he was very foolish to have bought a first-class ticket when all passengers apparently fared alike. And so, with that famous American characteristic, he appealed to the driver as to "What he got on his first-class ride that the second- and third-class passengers did not?"

The driver assured him that his value would appear to him before the end of the journey, and it was fully acknowledged by the doctor when, as they came to the bottom of a seven-mile hill, just

after dinner, the driver threw down the reins and made this announcement: "First-class passengers, please keep your seats! Second-class passengers, get out and walk! Third-class passengers, get out and push!"

—Mrs. Jane L. Stanford has transferred to the Leland Stanford, Jr., University, deeds and bonds, stock and realty valued at thirty million dollars. This is the largest single gift ever bestowed on any one institution of learning by anybody. It has the other advantage that Mrs. Stanford has not made the university friends a parcel of unmitigated beggars and worriers to get a corresponding sum in order to be in line for her gift. After all has been said of these munificent gifts to our institutions of learning, is there not a possibility of overdoing this business? The little "skit" by the famous Dr. S. Weir Mitchell, in current Century, contrasting the relative positions of a criminal who had had every care in a publicly endowed hospital, given a suit of clothes with money, and a place to work; and the poor, worn-out, tired-out honest laborer who had nowhere to go, and no one to give him a suit of clothes, or money, or a crust of bread is a splendid lesson for our multi-millionaires. He hadn't been a criminal as yet. Where there is one student to be upraised and benefited by these fabulous endowments of colleges and libraries, there are a hundred people who have no bread to eat, or place to go, except the corner groggery. Why not divert this Pactolian stream into channels more directly useful to the world than the education of the middle and upper classes? Ameliorate the condition of the laboring man, and of the next class above him, by providing him or them with homes and recreations and less life-out-crushing hours and toils. Then very soon the armed neutrality between the classes and the masses will break down. The endowing of colleges and libraries and hospitals is all well enough in its way; but the better way would be to reach down to the misery of the nation and help up those who in some relations are more meanly taken care of than the brute creation.

—The business men of Cleveland, or a considerable segment thereof, have had a meeting for the purpose of agreeing upon not countenancing fake advertisements—meaning thereby, those advertisements which are designed to catch the unwary. Unhappily, among this lot of honest men the morning and evening papers seem to have had no representative, for the same old line of Three-Day-Cure ads and abortion-pills and criminal devices still continue their flagrant nauseousness with each recurring issue. If these are not notorious fake ads, we would like to know in what class they come. Another new "gag" is the printing in New York, on Broadway, of a Cleveland business firm's advertisements and mailed from Roanoke, Va., to Cleveland people. Wonder where the trick comes in? Why not mail them in the Cleveland post office?

Do these firms get cheaper postage at Roanoke than they would in Cleveland? And is not printing as cheap in Cleveland as in New York?

—A strong electric current within a violet globe is claimed to be a local anæsthetic.

Friend—"And are you now out of danger?"

Invalid—"Not yet. The doctor says he'll pay me two or three more visits."

—Hindoo twins, similar to the famous Siamese twins, were recently separated by means of a surgical operation performed by Dr. Doyon of Paris. One of them has since died.

—An alleged homeopathic physician of Cleveland is so fond of buttermilk in his practice that, when he was about to be called to a case, the mother said to the recommender: "Why, if we call him to our baby, he will say, 'Well, it is either an operation or lots of buttermilk!'"

—Kiernan combats Zimmer's assertion that insanity is increasing among women. The forms of insanity to which women are subject are much less rapidly fatal than those affecting men. Farmers' wives fall victims to the "four C moloch," cooking, clothing, church, and children.

—A writer in the Medical Record, commenting upon castration for enlarged prostate, says, he injected cocain into the testicles twice a week, for two months, in two cases of this kind. There was absorption, immediate relief from the distressing symptoms, and recovery. In both cases, while the power of copulation remained intact, there was absolute cessation of the production of spermatozoa.

—Another graduate of a homeopathic college has been giving such harsh medicine to a ten-year-old boy, that his mother objected and wanted to know if he was not in reality an allopath? No, he answered; he had graduated from the homeopathic school, and practiced under that diploma, but he was broader, a good deal broader than that. He had "looked-into" the other practices, too, and he selected from all. There is good in all, said this youthful Æsculapius, but a half dozen years removed from the hard benches. He gives as a frequent tonic a concoction which impregnates the circumambient atmosphere like unto the once famous Haarlem oil.

—We are shocked most unspeakably at times when we open the ad. pages of our many contemporaries and find that semi-nude woman, arrayed on only with a not-straight-front corset, and an abdominal supporter. It troubles us to think that there was ever a woman anywhere so inordinately vain as to permit her face and limbs to be photographed and half-toned, and sent broadcast over the land in the interest of an abdominal and uterine supporter. For, some day, we may meet and recognize her. And then perhaps we might remember—

—A physician recently stated, in conversation with the writer, that he never saw a case of cancer in a patient who showed sugar in the urine, and that he thought these two pathologic conditions to be incompatible.

—Dr. L. D. Bulkley says that for some time past he has prescribed ichthyol by the mouth, 10 to 15 drops, in capsules, three times daily, and finds that this, through its action on the liver and intestines, will cure nearly every case of hemorrhoids. In fact, he looks upon its internal use as a specific.

—Clever Doctor.—Doctor. "You see, wifey dear, I have pulled my patient through, after all; a very critical case, I can tell you."

Wife: "Yes, hubby, but then you are so clever in your profession. Ah! if I had only known you five years earlier, I feel certain my first husband—my poor Thomas—would have been saved."

—Doubts Salt's Efficacy.—"I notice," said Uncle Allen Sparks, "a couple of our learned professors have found the secret of prolonging life. It is simply to have plenty of salt in the system. If that's true—and I'm not saying it isn't—Lot's wife ought to be alive to-day. Which," continued Uncle Allen, reflectively, "I believe she is not."

Which reminds me to ask, "What did Lot do when his wife turned to salt?"

"Got a fresh one."

—Unwisdom of Old Age.—"The doctor says the bookkeeper will be laid up about ten days."

"Acute rheumatism?"

"No; he tried to show the office boy how he used to cut pigeon wings when he danced."

—Carries His Audience with Him.—He—But you should hear the Doctor when he is really full of his subject.

She—Carries his audience with him, does he?

He—Right into it. Why, when he was talking of "Hades" the other night, he had to stop until fans had been distributed.

—The Bishop of Winchester. A young man once said to the Bishop of Winchester (Wilberforce): "My Lord, have you read Darwin's last book, on the 'Descent of Man'?"

"Yes, I have," said the Bishop.

The young man continued: "What nonsense it is, talking of our being descended from apes! Besides, I can't see the use of such stuff. I can't see what difference it would make to me if my grandfather was an ape."

"No," the Bishop replied. "I don't see that it would; but it must have made an amazing difference to your grandmother."

The American Physician.

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LEE & CLARK'S COUGH AND EXPECTORATION

A Repertorial Index of their Symptoms.

By GEO. H. CLARK, M. D.

The first edition of this work, issued more than ten years ago, has long been out of print and in constant demand. In this second edition comparison with the former edition will show numerous additions; these have been gathered from all available sources, from journals, transactions of various associations, and from private communications.

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Medical Progress

The Prevention of Ophthalmia Neonatorum.

In an article on the prevention of ophthalmia neonatorum Dr. Lucien Howe of Buffalo (Philadelphia Medical Journal, January 18, 1902), whose name is so prominently identified with this subject, urges the enactment of laws which will make it compulsory upon the practitioner to adopt some form of prophylaxis against this disease, which is responsible for so many cases of blindness. He cites statistics by Kostling, showing that in 17,000 births where no prophylactic treatment had been employed some trace of ophthalmia developed in over nine per cent., whereas in 24,000 children treated by the Cr  d   method the number who developed the disease was only one-half of one per cent. The Cr  d   method, however, has the disadvantage of always producing some pain and usually more or less conjunctivitis, while in a few instances it has given rise to corneal ulceration. According to the statistics of Piotrowski, in 1030 children treated with a strong solution of boric acid and a ten per cent. solution of protargol not a single case of ophthalmia occurred, while slight catarrhal conjunctivitis was observed in only 1.2 per cent. Aside from the numerous favorable reports on the value of protargol as a prophylactic against this affection by European authors, the drug is preferred for this purpose by many ophthalmologists in this country, including Drs. Alt, Peck, Cheney, Fox, Hotz, Zimmermann, Converse, and Todd. In commenting upon Dr. Howe's paper the Philadelphia Medical Journal remarks editorially: "If we cannot reach the fons origo of ophthalmia neonatorum, we can at least save the offspring from a life of darkness, and protect the community from a source of burden and expense. That this can to an enormous extent be accomplished by prophylactic instillation need hardly be repeated, and its negligence constitutes a sin of omission that deserves commensurate punishment. The enactment of such a law is feasible, its interpretation obvious, and its enforcement not difficult, provided the accoucheur receives the intelligent support of an intelligently instructed community."

Treatment of Typhoid Fever.

Lieut. Col. G. Sterling Ryerson, M. D., of Toronto, later British and Red Cross Commissioner in South Africa, at a recent meeting of the

Toronto Clinical Society (Canada Lancet) reported that the treatment of typhoid fever was practically the treatment which is adopted in Toronto and everywhere else. Disinfection of the bowel either by means of listerine or boric acid, taken internally, or enemata, proved in many cases to be remarkably successful. Another form of treatment was that of starvation. They were starved for seven or eight days. He considered that in some cases it might be dangerous, because a number of men were exhausted when brought in. The medical officer in charge of these cases, and under whose supervision this plan of treatment was carried out, informed Dr. Ryerson that he had fewer deaths than in any other hospital in Bloemfontein. Dysentery: this was another very prevalent disease, and you hear of a great many men affected with this disease when they merely had ordinary diarrhea. Dr. Ryerson said that during his service as surgeon with the troops engaged in the suppression of the North-West Rebellion in 1885, he had observed the good effect of several dram doses of listerine in treating camp diarrhea and dysentery, caused by drinking the alkali water of the plains.—Sanitarian, November 1901.

A Systemic Alterative Effect.

The following from Gaillard's Medical Journal, by Dr. A. H. Ashley of Boston, Mass., will interest our readers because of the original way in which he expresses his pronounced admiration for something tried, trusted, and not found wanting. The letter was written to our old friends, The Antikamnia Chemical Company, and reads as follows:

"Gentlemen: Your various combination tablets, as well as antikamnia tablets have been used by me for a number of years, and I can only say that they have uniformly given me the best results. But, my dear sirs, why have you waited so long to give us the very best combination of them all? I, of course, allude to your 'Laxative Antikamnia and Quinine Tablets.'

"If there is anything known to the medical profession which will take their place in that class of diseases where one wishes to relieve pain, control the temperature and at the same time produce, by laxation, a systemic alterative effect, it has not been my good fortune to find it. In those cases of severe neuralgia, and particularly in ovarian and menstrual pain, where morphine was our only hope (and where, after its adminis-

tration, we had indigestion, bowels bound up, nausea, habit, etc.), you have in Laxative Antikamnia and Quinine Tablets a remedy which will, my experience has taught me, replace morphine and meet all requirements.

"I am slow to be carried away by enthusiasm for any drug or combination of drugs, but I freely and voluntarily confess that in these tablets you have given to the profession a remedy so effective and reliable in its action that it offers good excuse (or a mitigating circumstance anyhow) for a little effusion from one who, as a general thing, is not given to gushing.

"With my best wishes for your future and many thanks for your elegant preparations,

"I am, sincerely yours,

"A. H. ASHLEY, M. D."

The "Dietz" Tubular Driving Lamp.

Among the various accessories needed by the physician to complete his outfit is a driving lamp for his carriage. This is equally a necessity in city or country. In town much assistance is, indeed, derived from the street lamps, but a light affixed to the vehicle is an additional safeguard against accidents, and is, in fact, now required by law in most of our larger communities. In his long, dark, and lonely drives by night the country doctor needs light thrown upon the road, for, although no man knows the roads more exactly than he, yet, for that very reason, he is not averse to the assistance which a good lamp affords. Moreover, the lamp facilitates speed, which is often such an important element when one is in haste to reach a dangerous and distant case.

Consequently, everyone is interested in having a good and reliable lamp. We take pleasure in drawing attention to the "Dietz" tubular driving lamp, which fulfills all requirements. As its name implies, it is constructed on the tubular principle, by which the cold air is admitted into the chamber at the top, descends to the burner, and the hot air, together with the products of combustion, escapes through the central passage. By this arrangement a steady flame is secured without smoke or odor. This lamp throws the light straight ahead for two hundred feet or more, and is made with attachments by which it can be fastened either to the front or sides of the dash-board. In the back of the apparatus is a small lens of ruby glass, so that when the lamp is attached to the side of the dash-board a red light shows to the rear. This lamp is a handsome article, and its shape is analogous to that of a locomotive headlight. It is easily attached; burns kerosene, so that no special oil is required; and will not be extinguished by driving over rough roads. The oil-pot of the lamp holds enough to furnish a flame for nearly ten hours without being refilled.

All who have used the "Dietz driving lamp" unite in testifying to its usefulness. They also

make a similar lamp for use on automobiles. It is made by the R. E. Dietz Company, of New York (60 Lighthouse Street).

—The imports in 1901 of G. H. Mumm & Co.'s Extra Dry aggregated 120,359 cases, over one-third of the entire champagne importation, or nearly 60,000 cases more than of any other brand, a record never before approached.

Messrs. G. H. Mumm & Co. have made it a rule to buy very largely of fine vintages in order to tide over poorer ones, which accounts for the uniformity and excellence of their justly celebrated Extra Dry, and carrying always an immense stock, they are thus enabled to supply all demands, however large, while maintaining the same high standard and quality of their wine.

Only the first pressings of the best grapes from the choicest vineyards in the Champagne District are used by G. H. Mumm & Co., and owing to their great skill in the composition of their cuvés by combining quality, purity, and natural dryness with the smallest percentage of alcohol, no other champagne, no matter at what price, can excel their Extra Dry.

—Visitors to New York will find entertainment in the Sunday concerts which are given at all of Proctor's New York houses. The vaudeville talent which is employed during the week is augmented by special engagements for Sunday, and these concerts are known to be the best Sunday diversion in the metropolis. Manager Proctor was the first to give Sunday concerts, and he has always retained his prestige.

—Ryerson's Solution.—

R	Sodii bichlorid.....	grs. xxx
	Sodii bicarb.....	grs. xxx
	Sodii chlorid.....	grs. xxx
	Sodii salicylas.....	grs. x
	Listorine.....	$\frac{7}{8}$ i
	Glycerinum pura.....	$\frac{3}{4}$ i
	Aq. dist. q. s. ad.....	$\frac{3}{4}$ viij

This is an excellent combination for nasal cleansing and disinfection. It is soothing, agreeable, and effective. For shortness I call it Ryerson's Solution.—Extract from a medical article written by G. Sterling Ryerson, M. D., L. R. C. P. & S., etc., Toronto.

—When the physician is wrestling with the problem of maintaining a patient's strength in typhoid fever, pneumonia, etc., he should not overlook Nutrient Wine of Beef Peptone, a preparation presenting the entire digestible substance of fresh, lean beef in absorbable form. This article, which is made by Armour & Co., is the most palatable and nutritious liquid food offered the profession, and serves admirably in all cases where it is necessary to keep up nutrition without taxing the digestive organs.

Nutrient Wine may also be used to advantage in that large class of stomach troubles that the average physician meets daily.

The American Physician

JUNE, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

HUGHES AND HELMUTH.

FIRST it was Richard Hughes of England who was called to his rest; and now,—this very morning—it is William Tod Helmuth of America who has ceased from his labors, and whose place shall know him no more again, forever.

Dr. Hughes passed away with heart-syncope while in Dublin, April 2. Dr. Helmuth had his passing May 16, with angina pectoris. In both cases the end came without much suffering. For this every physician and friend of these two great brothers is grateful.

It was our special good fortune to have known these two men personally, nay, intimately. We had been in correspondence with Dr. Hughes for years before meeting him at Atlantic City. Later, we enjoyed his hospitality at London, in 1896; and, again, at Paris in 1900—during the sittings of the International Homeopathic Congress—when we had many meetings with this truly great homeopath.

Dr. Helmuth had been our good friend from our earliest manhood. Ours was his last case in St. Louis before he removed to New York. His hand gave us the first dose of homeopathic medicine. And the friendship thus begun, during our typhoid fever, was renewed in later years, when we, too, were privileged to don the phylacteries of homeopathic physician, and continued unbroken to the hour of his passing.

It was the post-graduate studying of Hughes' immortal books which gave us our first, practical knowledge of Homeopathy. It was Helmuth's great test-book which helped us over the ways and into the deep sea of surgery.

Both these great and noble men had a wonderful sweetness and pleasantness which drew to them hosts of friends and lovers. They were the best type of the two great modern medical specialties; the one of therapeutics; the other of surgery.

Hughes, after the Paris meeting, in great part,

if not in whole, withdrew from the field of active medicine.

Helmuth continued to the moment of his going—and died an American's death—in the harness!

To enumerate the works of these two great medical exemplars would be to repeat household history. Every homeopath has browsed in the books of these masters and profited by their wisdom.

Both men, as with great men generally, had other notable and noble attributes. Hughes was a devout churchman—a priest in the protestant-catholic church; Helmuth was the Sweet Singer of Medicine and Surgery.

Both have left imperishable monuments.

Helmuth had been assigned the principal character—to act as Ganymede—in the Talcott-Loving-Cup presentation; but was unable to be present—indeed, was dying at the time. His last effort was at the most recent Annual Alumni Day Exercises of his New York Homeopathic Medical College and Hospital.

The loss to England is great—nay, to the homeopathic world in general. No man of recent years has fallen to sleep, who has had such wide-reaching influence in our beloved school as Hughes.

Helmuth was another of the few remaining links to bind the modern homeopath to that older brother who rose so slowly out of persecution and tribulation. He was of the era of martyrs and heroes. He had borne all the obloquy of the early homeopath in America. He knew what it had been to suffer poverty and privation; the falling away of friends; to be decried and contemned. He had also seen the rise of the barber-surgeon's art until it has become the all-governing impulse in medicine.

Thus the grim reaper is making sad havoc among the Old Guard: Dake and Ludlam and Henry Smith. How few remain to testify the glories of the older workmen!

And dying all around us.

To both these noble men, who have fought the good fight, whose works will live after them,—good-night, sweet sleep, until it be morrow!

OUR PORTRAITS.



OFFICERS OF THE ILLINOIS STATE HOMEOPATHIC MEDICAL SOCIETY, 1902

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Prompt Result from Lycopodium.

F. E. Westfall, M. D.:¹⁴ "Mrs W., aged sixty-five, clear white skin; thin, weak, and anæmic. Has had stricture of the esophagus, with difficulty in swallowing food, for years. Heart's action irregular and weak, secondary to digestive

and hepatic troubles. Patient suffers constantly from pain in the region of the liver, but otherwise feels quite well. Was taken on February 1 with an increase of the liver pain, gaseous distention of the abdomen and stomach, with a feeling of constriction about the waist. Clothes seemed too tight. Patient hungry, but cared for but little food. The bowels moved with difficulty, the stools being rather hard and dry. At night patient was unable to lie on the left side on account of difficulty in breathing. On turning in bed became dizzy.

"Lycopodium, 6x trituration, was given, a powder every two hours. Her improvement was

marked from the start. The extreme soreness in the hepatic region and the fullness in the abdomen disappeared, and all the other symptoms were improved."

An Experience with Lycopodium.

E. C. Dunning, M. D.,¹⁴ cites his own case as follows: "Early in October, 1901, I found myself a lycopodium patient, with digestive symptoms most prominent. A mouthful was a meal; there were small quantities of gas in the stomach and lower abdomen; a constant sensation as of something very sour in the stomach, amounting to pain, though eructations were not at all sour; headache coming on every day about 5 P. M.; occasional brickdust sediment in urine. Took lycopodium 3x every half hour for five hours, with relief for about thirty hours, when stomach symptoms and headache returned with greater intensity. Took lycopodium 30x every hour for ten hours; relief at once for four days, and then all the symptoms became worse than ever; the headache was intense and the urine scanty and high-colored. Now tried lycopodium again, but used 3 drops of c. c. on little milk sugar. The pain in the stomach disappeared within an hour, and all the symptoms followed within forty-eight hours, and there has been no return since October 15. Is not lycopodium almost inert in the lower potencies?"

Euphrasia.

Dr. G. N. Siedlitz¹¹ believes that "We have, perhaps, no drug confined within so narrow a therapeutic circle as is euphrasia. Every physician who has prescribed it at the opportune time has been gratified with the result.

"It is mainly on the mucosa of the eye and its next-door, mucous neighbor—the nose—that euphrasia exerts its influence; the preponderance of the effect favoring the eye. One first thinks of euphrasia in disease of the eye, then of the nose. Moreover, it almost always suggests itself as a remedy for acute disease.

"For acute catarrhal conjunctivitis euphrasia is one of the most effective medicines, and will often suffice without the aid of local applications. The symptoms which peremptorily demand it are as follows: photophobia, lachrymation, and accompanying coryza. The tears are acrid while the discharge (thin) from the nose is bland; the reverse should rather put us in mind of cepa.

"Comparisons are odious, so the saw says; but in the study of materia medica they are lovely. How shall we further distinguish ars., merc. sol., rhus et al., from euphrasia? By considering that the eye symptoms indicating these medicines are secondarily related to the coryza, which is always present. In the case of euphrasia the eye symptoms are primary.

"Speedy cures have been credited to euphrasia

in the treatment of phlyctenular conjunctivitis. It is true that the symptoms typifying this disease will approximate a simillimum. Phlyctenulae are earmarks of a scrofulous diathesis, which, according to some authorities, is clinching proof for the exhibition of euphrasia. Phlyctenulae, however, usually recur again and again evidencing chronicity, which does not tally with our premise that euphrasia is peculiarly suited to acute disease. Again the fact that one crop of phlyctenulae will disappear while a patient is taking euphrasia does not prove that the disease has been entirely eliminated. Hence in phlyctenulae one's first impulse would be to think of calc., sulphur, silica and their like. Kali hyd. is a favorite with me in the treatment of this sometimes intractable disease."

Pulmonary Emphysema.

Dr Chas. Gatchell¹⁶ recommends the following remedies:

'Antimonium ars. 2x.—Useful in the advanced stages of emphysema, with excessive dyspnoea, severe paroxysmal cough, and asthmatic attacks. It also relieves the accompanying dyspeptic symptoms, when this condition is prominent.

Calcarea carb. 6x.—Emphysema in fat subjects; chronic bronchitis is prominent, much perspiration, and profuse menstruation in the females.

Calcarea phos. 2x, on the other hand, suits subjects of arterio-sclerosis, in advanced life.

Phosphorus 2x suits subjects in whom there is fatty degeneration of tissues.

Aurum muriaticum 3x suits nervous subjects, with urine of low specific gravity and sclerosed arteries.

Glonoïn 2x is useful during asthmatic attacks, when the arterial tension is high.

In the later stages of emphysema, the weak heart often demands stimulant treatment. The author recommends for use, here, strychnin 2x, spartein sulph. 1x, agaricin 1x.

Silica.

The editor of The Eclec. Med. Jour., in referring to this remedy, says: "Its action is not rapid, and its administration should be continued for weeks and months.

"Much of the reputation of silica has been gained by its positive action in certain cases of malassimilation in children, or rather in non-assimilation. The child is small for its age, or ill developed; it is not fat and torpid, but it is oversensitive, and its muscles are wasted, its eyes hollow, its face small or pinched, its belly is big either from a diseased mesentery or from overdistention due to ingestion of too much food. In an effort to satisfy the demands of nutrition it ingests an overabundance of food, that does it no material good. As a consequence

the belly is proportionately much larger than it should be; the child is weak and small: its physical growth seems stunted. It cries much; occasionally the cry is sharp and shrill, much like the *rhus tox.* cry; its head sweats profusely; the bowels are either constipated or persistently loose. When the former condition is present, the trouble to a great degree seems to be dependent upon a laxness and weakness of the muscular part of the lower bowel, or of an inability to contract the abdominal muscles sufficiently to expel the stool, which may appear at the outlet, and repeatedly slip back because it is not forced completely through the sphincter. The stool of the silica case may be of almost any color, or of any consistency."

Calcarea Carb. and Silicea in Cataract.

Dr. Kopp³⁴ gives the case of a woman, aged sixty years, who had a hard cataract of the usual grayish color, with a yellowish tint, which obscured her vision. The lens-fiber, however, had not become degenerated to any extent. *Calcarea carb.*, 2x trituration, 2 grains every morning; *silicea*, 3x trituration, 2 grains every evening, were advised. The lady was also advised to bathe the eyes, three times daily, with a lotion, composed of 30 minims of *euphrasia* tincture in half a glass of water. Within one month improvement was noticed. Within five months the cataract had entirely disappeared. Dr. Kopp is conservative; he does not feel sure that this treatment would prove as effective in a case farther advanced, but should expect the same brilliant results in cases similar to the above.

Phosphorus in Pneumonia.

In recent issue of the *Medical World* is a "test case" and the invitation for its readers to prescribe for this case. Not a few of the answers have been to the point and from the homeopaths almost all have said *phos.*, some in a high and some in a low dilution, and some of the allopathic members of this discussion have also said "use phosphorus."

Nearly all of these answers have been made symptomatically, but a few have been made from experiences founded upon clinical results. These latter have come from the old-school members, and they are not ashamed to acknowledge the good work the remedy has done. Some of the prescriptions given were, well, to say the least, heroic. There is no remedy that will act so promptly and so satisfactorily in those cases of pneumonia where the sputa are blood- or rust-colored, the pulse full, bounding, and labored, where the blood is impeded in its course through ready to cease its efforts from sheer exhaustion, the lungs and right side of the heart seems almost the expression of the face is anxious, or beyond this stage dull and restless, but the mind is uneasy and the whole condition nervous and restless.

On the other hand, this remedy is of little value where the stage of exhaustion is reached and where the heart seems to be worn out from an unequal struggle. In other words, it is of no value where the lack of circulation is on the right side of the heart, nor before the stage of red hepatization is reached. The potency of this remedy seems to amount to but little; some claim most excellent results from doses of 1-30 grain, while others claim their best success is obtained from the use of the thirtieth decimal dilution. It is contended by many that *phos.* loses its virtue unless potentized in glycerin, and then made fresh shortly before administering. Others have the best results with the remedy prepared otherwise.—Clinical Reporter.

Verbena in Epilepsy.

H. D. Fair, M. D.:⁴⁰ "In answer to your query regarding any late findings in *verbena hastata*, I would say that as quite a number of the patients I have used it on live at a distance, and some I have never seen, I have been unable to follow its minute workings and physiological action as closely as I would like; but it is proving itself decidedly valuable, and I am having the same good results as the months go by.

"It is not only proving almost a specific in epilepsy, but in many respects has an action similar to *passiflora incarnata*; and is indicated in nervous tension, mental exhaustion, insomnia, etc.; acting as a soporific, antispasmodic, and sedative, but having no anodyne properties.

"In physiologic effect I have discovered but little. On some cases, where habitual constipation has been present, large doses tend to the opposite effect.

"In dosage the same rule applies as in anti-toxin for diphtheria. Be sure and give enough. As stated in my previous papers, I always seek for and try and remove the actual cause, if there be one, when treating epilepsy; and *verbena hastata* does the rest."

***The Effects of Alcohol.*⁴⁰**

At the meeting of the New York State Science Teachers' Association, in 1898, there was appointed a committee of five to "ascertain and report what is known regarding the physiologic effects of alcohol and narcotics on the human body, and to recommend suitable methods of teaching the same in the schools of the State." The final report of the committee will not appear for some time, but as to the effects of alcohol the committee state as follows:

"(a) All writers agree that an excess of alcohol impairs certain functions of the cerebrum—attention, memory, and self-control—and that many cases of insanity are due to such excess.

"(b) What constitutes excess will differ with individuals, occupations, and other conditions. Upon the present occasion your committee does

not undertake to prescribe the limit of safety for an average adult.

"(c) The committee does not consider that the general stimulant action of alcohol has been demonstrated, nor is it aware that any authority claims that in health or under ordinary circumstances alcohol is an economic food, whether for the production of heat or the protection of fat or proteid.

"(d) As a matter of fact, the average man in health and under ordinary circumstances disregards these and other probable or possible roles of alcohol, and takes it for its flavor or because he finds it conducive to his personal comfort or to good-fellowship.

"(e) Your committee believes that spirits should never be used as beverages unless largely diluted, and that alcohol in any form should be taken only at meals and after the day's work is done.

"(f) Youths, say under twenty-one, should abstain altogether from alcohol, excepting under specific medical advice."

Pulsatilla.

Dr. J. Loomis:¹⁵ "Pulsatilla is among our oldest, most reliable remedies; is peculiarly adapted to ailments of the female sex; and persons of a quiet disposition, inclined to sadness and melancholy; of lymphatic temperament.

"Females, as a rule, are more favorably acted upon by pulsatilla than males.

"Pulsatilla is the remedy for deep-seated pains, as are often felt in the vertex and forehead, especially when caused by gastric derangement from overeating pork, fats, or rich, heavy, indigestible food, which may cause nausea and vomiting of bile, sour eructations; with a feeling of pressure in the region of the stomach, with crampy, contractive sensations.

"Pulsatilla for rheumatism in the muscles of the extremities, with pains of a tearing, drawing, or jerking sensation; worse at night or while in bed. In rheumatism of knee-joint with much inflammation and swelling, very painful to the touch, with much fever, it may be advisable to alternate pulsatilla with aconite. The long bones are favorably acted upon by pulsatilla when the pains are tearing or tensile, feel as if the parts had been bruised or sprained."

Therapeutic Notes.*

BY G. W. BOWEN, M. D.,
Fort Wayne, Ind.

I wish to present a few therapeutic suggestions that may later prove of some value. When the plate is passed in church I feel that I ought to make a contribution. One ought to conclude that in fifty years devoted to medicine some accidental or scientific discoveries are made, and

a few of these have been of great benefit to myself as well as others.

Lachesis.—This remedy has in the last four years cured six cases of paralysis for me, in from three days' to two weeks' time. It has saved three from being buried alive; one, a child, which had been under the water for half an hour, and it was nearly an hour after that before they would let me experiment on it. Two were rescued from catalepsy, and one of these had been laid in a coffin two days, waiting for the arrival of friends before the funeral.

Lachesis will prevent or cure catalepsy, and I have never used any other but the sixth or twelfth attenuation.

Rhus Tox.—This has cured all burns of any shape and form for me for the last twenty years, applied in a weak solution externally, and given internally, in from thirty minutes to three days. It is the only remedy I have ever used for frosted feet. More than fifty families among my patrons keep an ounce vial of rhus tox. (one-tenth tincture in alcohol) in the house to use for burns, as in every home someone is liable to get a touch of heat. One-fourth tincture to three-fourths water.

Melilotus.—This one remedy brings me more money, and more patronage, than any other one. If a patient comes to the office with a headache, pain in the chest or ovaries, I give them a dose, and then begin to find out what is the trouble, or why he needs my assistance. When this has been done, I ask about the headache, or the pain if elsewhere, and he tells me it is better or all gone. From its promptness of action, the patient is ready to give credence to any statement I may choose to make. He deems it miraculous. It will stop epistaxis in one minute's time, or spasms of any kind, epilepsy or eclampsia, in one or two minutes. It will cure congestion in a very few moments, it matters not where, in the head, chest, back, or ovaries, and has, by using it by mistake or in excess, caused three abortions unexpectedly. I would hardly care to practice medicine without it. I have never used it in any other form except pills, medicated in the first centesimal.

Coffea.—I have lately received from Porto Rico one hundred and fifty pounds of green coffea, and it may seem to be a large supply for a family of only three. It is the very best article in the world. It does not stimulate, but sustains the whole system, and will do it better than anything I know of in the world. I speak of this, so if anyone tells you that coffea is injurious tell them to go to—Here leave the word out that would not sound well.

Oatmeal.—This is a curse to the people, but a benefit to the doctors. It has been the principal cause of all the cases of indigestion, dyspepsia, and internal disturbances that are so much more common of late years, calling for the use of digestive tablets.

* N. I. and S. M. Hom. Med. Assn., 1902.

Urinary Analysis.

BY WM. ERWIN, M. D.,

First Assistant Pennoyer's Sanitarium, Kenosha, Wis.

This article is intended to give a quick and accurate system of complete analysis for the use of students, and of the busy practitioner, who may desire to accurately analyze the urine, and in the shortest possible time.

It is assumed that the importance of urinary analysis need scarcely be mentioned. For the sake of brevity theories and arguments will be carefully avoided, and in many cases reasons also, with the same object in view.

The laboratory outfit need not be elaborate; and rapid, accurate, and complete work may be done with the following:

A few test tubes, a nice size being about a half inch in diameter and five or six inches in length.

Three or four 16-oz. glass graduates, two of these graduated also in cubic centimeters.

A few 6-oz. sediment glasses, not for the purpose of sedimentation, but for more rapid work than can be done when using 16-oz. graduates.

A 50-cubic-centimeter bottle.

A small covered glass jar for blue litmus paper, and blue litmus paper for acid test.

A small covered glass jar for red litmus paper, and red litmus paper for alkaline test.

A urinometer, and urinometer jar.

A few plain pipettes.

One or two plain 150-cubic-centimeter glass flasks.

One or two 1-cubic-centimeter pipettes.

A white porcelain slab about 2 1/2 by 6 inches.

A small glass alcohol lamp.

A few breakers of 4- or 5-oz. capacity.

Glass stirring rods.

One or two glass funnels.

A Bunsen burner connected with gas main, or a large alcohol lamp.

A water bath.

A drying oven.

A 50-cubic-centimeter graduated burette, with perforated glass stopper, and burette holder on stand.

A centrifuge with plain and graduated tubes. If electric wires or running water can be utilized, time will be saved by using one of these powers instead of hand power, and a centrifuge made with five arms instead of two, as is customary, will greatly increase the speed of work.

One or two Bartley's urea tubes.

One Beebe's clamp for urea tube.

A few evaporating dishes.

A wash bottle.

A few rubber chemist's covers are almost a necessity.

Filter paper.

Absorbent cotton.

Nine 4-oz. ball-stoppered reagent bottles.

C. P. acetic acid.

C. P. hydrochloric acid.

C. P. nitric acid.

Liquor potassa.

Potassium ferrocyanide solution (a 10 per cent. solution in water).

Haines' test solution.



Fig. 1.—Working outfit ready for use.

Magnesium solution.

Acid silver nitrate solution.

Acid barium chloride solution.

Potassium bromide solution (a 20 per cent. solution in water).

Squibb's solution of chlorinated soda (2 per cent solution), purchased in 250-gram bottles,

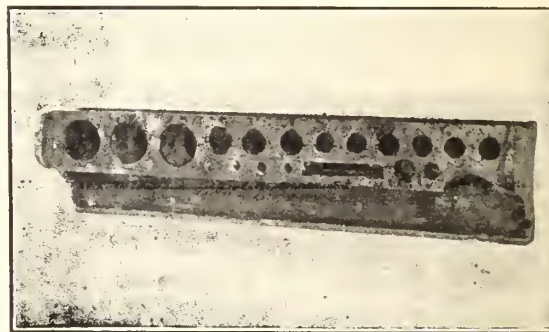


Fig. 2.—Empty rack, as seen from above.

and used from the bottle in which purchased, as exposure to light and air causes deterioration.

Acid sodium acetate solution.

Acid uranium nitrate solution, standardized so that 1 cubic centimeter will exactly neutralize 5 milligrams of phosphoric acid.

Purdy's test solution (modified strength).

Distilled water.

A good microscope and accessories, a mechanical stage being a very desirable attachment.

A chemist's assay balance.

A rack, such as illustrated herewith, is admirably convenient, containing as it does space for reagent bottles, and all of the tubes, jars, measures, pipettes, alcohol lamp, beaker, porcelain slab, etc.; excluding only the urea tube,

which is too long to be held conveniently, and the chlorinated soda solution, which is injured by exposure to light.

The following are the formulæ for making the test solutions named, only C. P. chemicals and distilled water being used.

Haines' Test Solution.—Copper sulphate, 10.949 grms. (120 grs.); water, 90 c. c. (2 fl. oz.); dissolve and add glycerin, 87.265 c. c. (2 fl. oz.). Dissolve caustic potash, 65.694 grms. (12 drs.), in about 700 c. c. (16 oz.) of water; mix the two solutions and add water to 1000 c. c. (24 fl. oz.).

Magnesium Solution.—Ammonium chloride and magnesium sulphate, aa 105.157 grms. (3 Troy oz.); aqua ammonia, 105.16 c. c. (3 fl. oz.), and add water to 1000 c. c. (30 fl. oz.).

Acid Silver Nitrate Solution.—Silver nitrate, 105.157 grm. (3 Troy oz.); nitric acid, 210.25 c. c. (6 fl. oz.); and add water to 1000 c. c. (30 fl. oz.).

Acid Barium Chloride solution.—Barium chloride, 210.326 grms. (6 Troy oz.); hydrochloric acid, 52.58 c. c. (1 1-2 fl. oz.); and add water to 1000 c. c. (30 fl. oz.).

Acid Sodium Acetate solution.—Sodium acetate, 100 grms.; acetic acid, 100 c. c., and add water to 1000 c. c.

Acid Uranium Nitrate Solution.—44.5 grms.; water, 1000 c. c.; nitric acid, 3 c. c. This solution must be standardized with a solution of sodium phosphate of known strength so that 1 c. c. shall exactly equal 0.005 (5 milligrams) of phosphoric acid (P_2O_5). The nitric acid is added to prevent precipitation, which otherwise always occurs.

Purdy's Test Solution (strength modified by the writer).—Copper sulphate, 3.319 grms. (46.2 grs.); caustic potassa, 16.45 grms. (224.7 grs.); aqua ammonia fort., 315 c. c. (9.45 fl. oz.); glycerin, 26.6 c. c. (6 3 fl. drs.); and add water to 1000 c. c. (30 fl. oz.).

Have the patient save the entire amount of urine passed in twenty-four hours in perfectly clean vessels, kept covered during collection, in this way: Begin after breakfast to save all urine voided until in bed at night, and label this "day urine." Save in a separate vessel all the urine voided during the night and that voided before breakfast the next morning, and label this "night urine." Before a movement of the bowels the urine should be voided in the proper vessel so that none be lost. The quantity of the day and the night urine should be separately noted in fluid ounces, and if the entire amount is not sent to the laboratory, as much as six ounces of each should be sent in separate containers as soon as possible. If some delay is absolutely necessary, add to each 6-oz. sample a lump of gum camphor about as large as a small marble, or 15 to 20 drops of a 40 per cent. formalin solution, or a few grains of thymol, for the purpose of forestalling decomposition before the analysis is made. In warm weather, when decomposition occurs

easily and quickly, it is desirable to place one of these preservatives in the vessel during collection.

The normal ratio between the day and the night urine is about three to one.

The color, odor, reaction, sp. gr., and presence or absence of turbidity or sediment of the day and the night urine are often strikingly in contrast. When these are obtained the day and the night urine are mixed in the same proportions as the total quantity of each, and the color, odor, reaction, sp. gr., and presence or absence of turbidity again noted. Then, immediately before a sediment has had time to form, fill a plain centrifuge tube, place in the centrifuge, and revolve 1000 times a minute for five minutes, as noted subsequently.

To obtain the total quantity of the urine in c. c. multiply the number of ounces by 29.57.

To obtain the total solids multiply the number of ounces by the last two figures of the sp. gr., and this product by 11-10; the result will be in grains; if desired in grams, divide the last result by 15.43.

Certain drugs taken by the stomach have a marked influence upon the color and odor of urine, the most important being as follows: green after carbolic acid; saffron after salicylic acid; orange or yellow after gamboge; chrysophanic acid, or santonin (if alkaline, carmine); brown after rhubarb or senna (if alkaline, blood-red); reddish after fuchsin or logwood (if alkaline, violet); smoky brown or black after tar, salol, gallic acid, resorcin, uva ursi or naphthalin; blue or greenish-blue after methylene blue or methyl violet. Creosote, strong coffee, and quinine darken the urine. Asparagus often imparts a characteristic odor, and an odor similar to violets is produced by turpentine. The odor of cubebs, copaiba, sandalwood-oil, garlic, tolu, etc., is more or less communicated to the urine when they are taken internally. Stale or decomposing urine, from long standing, hot weather, catarrhal conditions of the urinary tract, or residual urine, has an offensive ammoniacal odor.

Healthy urine, on standing, will deposit a very slight, scarcely noticeable, cloud of mucus. The nature of any further turbidity or sediment may be determined as follows: very slightly acidify with acetic acid unless the reaction is already acid. A white, pale, or fawn-colored sediment, which now dissolves, is of earthy phosphates. If still insoluble, apply heat; if pale or white and now soluble it is urate of ammonia, if pink or brownish and soluble it is urate of soda. If white or light colored and still insoluble, to the sediment add liquor potassa. If it becomes thick or gelatinous, it is pus; if more fluid and clear, it is mucus; if unchanged, add hydrochloric acid; if now soluble, it is oxalate of lime. If insoluble in acetic acid or liquor potassa, but soluble in aqua ammonia, it is cystine. If the sediment is dark-red or soot-colored, it is probably blood, which will be revealed with certainty by the

microscope. If the sediment is pink, brick-red, or brownish-red, and insoluble in acids but soluble in liquor potassa, it is uric acid.

Various coloring matters are occasionally present in the urine, in addition to those already named. Those of most importance are bile, urohematin, and indican. Into a test tube pour about a half dram of strong nitric acid, and then very carefully float as much urine upon its surface with a pipette. If albumin be present, a white opaque layer will appear at the junction of the urine with the acid; if this layer be of a light pinkish-red color, urohematin is present—the more urohematin the darker will be the color; if biliary coloring matter be present, a play of green colors will appear at the junction of the urine with the acid. To test for indican use hydrochloric acid instead of nitric acid: between the layer of hydrochloric acid and the layer of urine a zone will appear, in normal urine of a faint violet or reddish-violet color, but if much indican be present the blue will be so great as almost to appear black: when considerable is present it will give a well-marked light indigo-blue, which is chemically closely allied to indigo. In making these tests it is wise to place the test tube between the eye of the observer and a dark background, and then a white or light-colored one for purpose of comparison.

Another test for bile is as follows: Add 3 or 4 c. c. of concentrated caustic potash solution to 10 c. c. of urine, and then acidify with hydrochloric acid; the presence of bile pigments will cause the urine to turn a beautiful green color.

Another test for indican is as follows: Pour 4 c. c. of hydrochloric acid and 2 or 3 drops of nitric acid into a small flask, and while stirring add from 10 to 20 drops of urine: if the proportion of indican be about normal, the resulting color will be rather light yellow; if in excess, the acid will turn violet or blue, according to the amount of indican present.

Urine containing pus or blood will always respond to a delicate test for albumin. Micro-organisms (present in stale or decomposing urine) cause a hazy appearance, and however long the urine may stand this haze will not settle, a very high speed of the centrifuge being necessary for its precipitation.

Some urines are highly colored simply because they are highly concentrated, either from lack of ingested fluids or from great loss of fluids by the subject, as from excessive perspiration, etc.

Uric acid is easily recognized by its characteristic yellowish-red crystals as seen by the naked eye and with the microscope, also by the acid test already mentioned. An exceedingly delicate test is as follows: Put 1 or 2 drops of acid silver-nitrate solution upon white filter paper, and touch with urine rendered alkaline with sodium carbonate; a black color appears if as much as 0.001 per cent. of uric acid be present, and the presence of even 0.0005 per cent. will cause a brownish-yellow or grayish stain.

To determine the quantity of uric acid: Mix 10 c. c. of hydrochloric acid with 200 c. c. of urine, and let stand, covered, in a cool, dark place twenty-four hours. Collect the precipitated uric-acid crystals on a previously weighed filter, and wash with 40 c. c. of cold distilled water. Dry the crystals and filter in a drying oven, and weigh. Subtract the weight of the filter, and allow 9.6 milligrams as the amount usually dissolved by the wash water. If albumin be present, it must first be removed by boiling and filtration; the latter, on the other hand, would also remove uric acid sediment, which is always present when it is in large excess. In such case first let the uric acid crystals settle, decant and remove the albumin, then add the sediment to the filter with the crystals obtained by the addition of the hydrochloric acid.

Before further tests are made any urine that is not perfectly clear should be rendered so by filtration. Filter paper is generally used for this purpose, but an exceedingly satisfactory and quickly adjusted filter is made by packing a little sterile absorbent cotton into the point of an ordinary funnel. If the funnel be quite dry blow the breath into it, when the cotton will easily remain in place. One or two trials will indicate how tightly to pack the cotton, and when the advantages of this simple and quick filter are learned filter paper will seldom be used.

Albumin.—To test for the presence of albumin, put 15 to 30 drops of acetic acid into a test tube, and as much or a half more of potassium ferrocyanide solution. Agitate the mixture and observe that it is perfectly clear; add urine until the tube is two-thirds full, close and invert several times to mix thoroughly, and set aside. If albumin be present, a milk-like turbidity will appear within from one-half to two minutes, ranging from a mere haze to a thick white precipitate, according to the amount present. Another, and even more delicate test for traces of albumin, may be made by heating to the boiling point the upper inch of urine in a test tube two-thirds full of urine, and held by the lower end in an inclined position over an alcohol lamp. Even the slightest haze which may appear is albumin, if it does not clear up on the addition of acetic acid: this is best observed by comparison with the urine in the lower part of the tube when viewed before a dark background. Urine containing even only a very small quantity of albumin should be carefully examined for tube casts, which may often be found in considerable numbers.

The quantity of albumin is best determined by the bulk percentage. Add urine to a graduated centrifuge tube to the 10 c. c. mark: add 1-2 c. c. of acetic acid, and then fill to the 15 c. c. mark with potassium ferrocyanide solution. Close and invert several times to thoroughly mix, and revolve in the centrifuge 1000 times per minute for five minutes, or until the precipitate is completely settled and the supernatant urine is perfectly clear. The percentage is read on the

tube. Fill the tube to the 10 c. c. mark with water, then add exactly 1 1-2 c. c. of water, and at the level of the liquid make a distinct mark on the tube with a fine, sharp file: then for future work a separate measure will not be necessary. In this way accuracy will be insured, and time saved by adding urine to 10 c. c., acetic acid to 11 1-2 c. c., and potassium ferrocyanide solution to 15 c. c.

Sugar.—To test for the presence of sugar, gently boil about a dram of Haines' solution and observe that it remains clear; add urine, drop by drop, until not more than eight drops have been added. Gently boil for a half minute; if sugar be present, a copious yellow or reddish-yellow precipitate will appear. If large quantities of albumin be present it must first be removed, but small quantities do not interfere with the test. A rough estimate of the amount of sugar may be noted by observing the number of drops of urine required to obtain the reaction. A more delicate test is the use of Purdy's solution in exactly the same way, when, if sugar be present, the solution will lose color, and if very abundant, the blue color will entirely disappear. Advantage is taken of this fact to determine the quantity of sugar which may be present.

Put 50 c. c. of Purdy's solution into a flask, add about twice as much distilled water, and bring thoroughly to the boiling point. Fill the graduated burette to the zero mark with urine diluted with exactly four times as much distilled water, and slowly discharge into the boiling test solution drop by drop until the blue color begins to fade; then let three to five seconds elapse after each drop until the test solution remains perfectly clear and colorless. If 1 c. c. of the diluted urine be sufficient to discharge the color in 50 c. c. of the test solution, the urine examined contains exactly 10 per cent. of sugar; if 5 c. c. be required, the urine contains 2 per cent. if 10 c. c. be required the urine contains 1 per cent. The value of this modification of Purdy's method is in giving greater accuracy, and a decimal scale for reading the result.

Urea.—Fill Bartley's tube to mark 5 with potassium bromide solution; pour in chlorinated soda solution to between the 18 and 20 mark; with pipette carefully float water upon the soda solution to the 25 mark; with the graduated pipette take up exactly 1 c. c. of urine and trickle down the side of the tube, and close instantly either with the finger (using strong pressure), or with Beebe's clamp. Invert several times, bring the tube to the perpendicular, and after effervescence ceases and foam has settled, read the level of the liquid. Put the tube in a jar or graduate of water, remove the finger or clamp, wait three or four minutes, and then read the level again with the level in the tube on a level with the water around it. The difference between the two readings represents the grs. of urea in each fl. oz. of the urine.

The sediment of urine, and the quantity of al-

bumin (as already described), as well as the quantity of the phosphates, chlorides, and sulphates are best observed in bulk percentage by use of the centrifuge. Add urine to the graduated centrifuge tube to the 10 c. c. mark: for phosphates fill to the 15 c. c. mark with magnesium solution, for chlorides with acid silver-nitrate solution (small or moderate quantities of albumin will not interfere with the test for chlorides, but large quantities must first be removed by boiling), and for sulphates with acid barium-chloride solution. The tubes should then be closed, inverted several times to thoroughly mix, and revolved 1000 times per minute in the centrifuge for five minutes. The speed of revolution and the length of time have not yet been definitely regulated by any recognized standard. This is well illustrated by a recent visit of the writer to a very prominent Chicago dealer in professional supplies, who displayed on a single counter four styles of centrifuges, no two having arms of the same length, the range of difference being from 10 1-4 to 14 inches. Uniform results can be obtained only by centrifuge arms of uniform length, a standard of speed, and also of time.

Since albumin is not always entirely precipitated within three minutes, and for the purpose of securing uniform, thorough, and accurate results, the writer would make the following propositions for centrifugal work in urinalysis. The centrifuge should have five arms and tubes, which, when extended horizontally as when in operation, shall cover a circle of exactly three-tenths of a meter (11.81 inches). Tube No. 1 is to obtain the sediment, and must of course be filled from the well-shaken urine before filtration*; tube No. 2 is for albumin, from traces up to any quantity that may be present; tube No. 3 is for phosphates; tube No. 4 is for chlorides; tube No. 5 is for sulphates. The speed should be 1000 revolutions per minute, and to insure complete precipitation of all sediments, should be continued exactly five minutes. The old-fashioned 2-tube centrifuge should be set aside, and better work done in much less time with the new 5-tube machine. The very best cleaner of these tubes is probably a lady's celluloid crochet hook, being small enough to reach the bottom of the tubes, firm enough to loosen the precipitates, not rough or sharp to scratch the tubes, and is itself easily and quickly cleansed. Next in preference is a small wire, with a pledget of cotton twisted about the end.

Phosphoric Acid.—To 50 c. c. of urine in a beaker add 5 c. c. of acid sodium acetate solution, stir well, heat over the water bath, and add nitrate of uranium solution, from the graduated

*The microscopical sediment of urine containing a marked excess of amorphous urates may be obtained by heating the centrifuge tube full of the urine to about 120° F., instantly getting the sediment with the centrifuge, and before it has had time to cool making the microscopical examination; thus revealing sediments otherwise obscured by the deposit of urates.

burette, as long as a precipitate falls. As this is not easy to recognize, stir and place a drop on a porcelain plate and add a drop of potassium ferrocyanide solution; continue until enough uranium nitrate solution has been added to show a faint reddish-brown color with the potassium

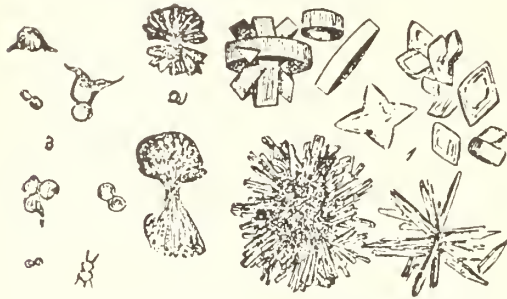


Fig. 3. Crystals of uric acid (1), and sodium urate (2), and ammonium urate (3). (After Kuhn and Heitzmann.)

ferrocyanide solution. To do this quickly add about two-thirds as many c. c. of the uranium nitrate solution as the number of the last two figures of the sp. gr. If this does not prove to be enough, add the uranium solution, drop by drop, until the characteristic reaction is obtained. Each c. c. of the solution used equals 5 milligrams (0.005 gm.) of phosphoric acid (), or one-tenth of the number of c. c. of the solution used equals the grams of phosphoric acid per



Fig. 4. Various forms of calcium oxalate crystals (1) and spermatozoa (2). (After Peyer.)

liter of urine. Convert into grains per fl. oz. by dividing by 2.125 (or, to simplify, multiply by 8 and divide the product by 17). To secure rapidity of work add water to the 50 c. c. bottle to the 50 c. c. mark, then add exactly 5 c. c. of water, and at the level of the liquid make a distinct mark with a fine, sharp file; then, for future use, add urine to 50 c. c. and acid sodium acetate solution to 55 c. c., thus saving time by avoiding the use of a separate measure. To increase the rapidity and ease of filling the burette, heat to

redness its upper end with a rotary motion in the flame of a Bunsen burner or alcohol lamp; then, continuing the rotary motion, with the end of a wire gently spread the end of the burette until it is quite funnel-shaped.

The microscope is an invaluable aid to the positive detection of urinary sediments that are invisible to the naked eye, or of such character that chemical tests are not conclusive. One-third and one-sixth inch objectives do excellent work, but for the detection of tubercle bacilli, sometimes found, the one-twelfth oil immersion objective is better. The No. 1 and No. 3 eye-

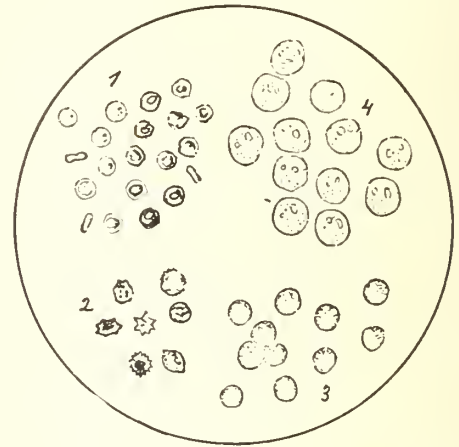


Fig. 5. Blood and pus corpuscles: (1), normal blood corpuscles; (2), crenated blood corpuscles, as in acid urine; (3), normal pus corpuscles; (4), swollen pus corpuscles with visible nuclei. (After Ultzman.)

pieces are most useful. For the quick examination of every portion of a microscopical slide a mechanical stage is desirable. Having precipitated the sediment with the centrifuge, pour off about two-thirds of the contents of the tube carefully, so that the sediment shall not be disturbed. With a finger over the large end of a pipette quickly insert the smaller end to the bottom of the tube, then, by partially removing the finger, the sediment will rise in the pipette, 4 to 6 drops being sufficient. Spread this over a slide and examine without a cover-glass, the latter being needed only when the immersion lens is used.

Observe whether the sediment is crystalline, amorphous, or pale and more or less regular in shape. The usual sediments of acid urine are, in order of frequency, mucus, uric acid, urates, calcium oxalate, tube casts, pus, indican, cystin, hippuric acid, kreatinin, leucin, tyrosin, calcium sulphate.

The usual sediments of alkaline urine are, in order of frequency, triple phosphates (ammonio-magnesium phosphate), simple phosphates, calcium phosphate, magnesium phosphate, ammonium or sodium urate, pus, indican, calcium carbonate. Alkaline urine quickly dissolves tube casts, and if they are suspected, a fresh sample should be quickly examined for them.

Epithelia, blood, spermatozoa, pus, and indican

are found in urine either acid or alkaline; the latter two usually in alkaline urine, if present in large amount.

Mucus appears in shaggy masses, colorless, or of a light-gray color.

Uric acid appears in yellowish-red crystals of several shapes; see Fig. 3 (1). A yellowish-red

uniform breadth, longer than broad, usually have at least one end rounded, are devoid of nuclei, and usually require a darkened field for their detection. Hyaline casts (see Fig. 8), frequently have granules imbedded within them. Granular

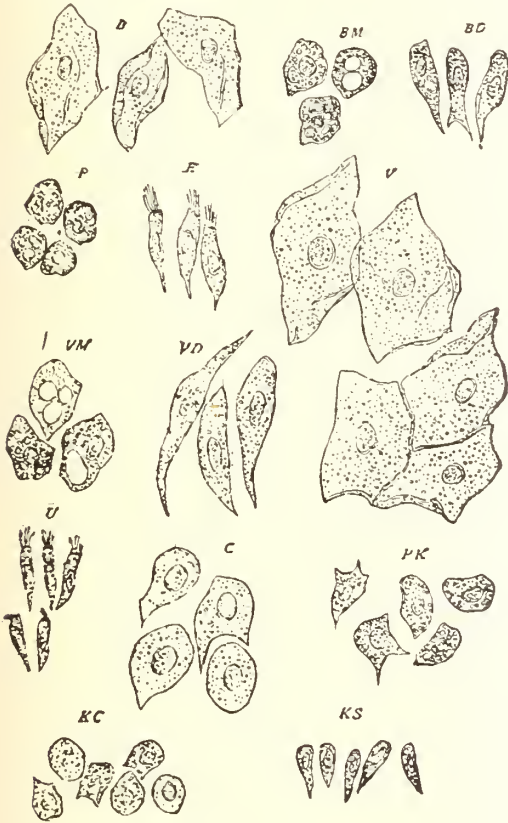


Fig. 6. Epithelia: B, bladder epithelia from upper layers; BM, bladder epithelia from middle layers; BD, bladder epithelia from the deepest layers; P, prostatic epithelia; E, epithelia from the ejaculatory ducts; V, vaginal; epithelia from the upper layers; VM, vaginal epithelia from middle layers; VD, vaginal epithelia from the deepest layer; C, epithelia of the cervix uteri; U, epithelia of the mucosa of the uterus; PK, epithelia from pelvis of the kidney; KC, kidney epithelia from the convoluted tubules; KS, kidney epithelia from the straight collecting tubules. (After Heitzmann.)

crystalline deposit in acid urine is always uric acid.

Urates.—Mixed amorphous urates under a high power appear as brown granules in a moss-like arrangement: if crystalline (urine neutral or alkaline), sodium urate appears in a great variety of forms; see Fig. 3 (2); ammonium urate as dark-brown spheres studded with sharp spiculæ, so-called thorn-apple crystals; see Fig. 3 (3).

Calcium oxalate usually appears as small, colorless, highly refracting octahedral crystals, sometimes as small circular crystals, rarely as large octahedra, disks and tablets; see Fig. 4 (1).

Tube casts have well-defined borders, are of

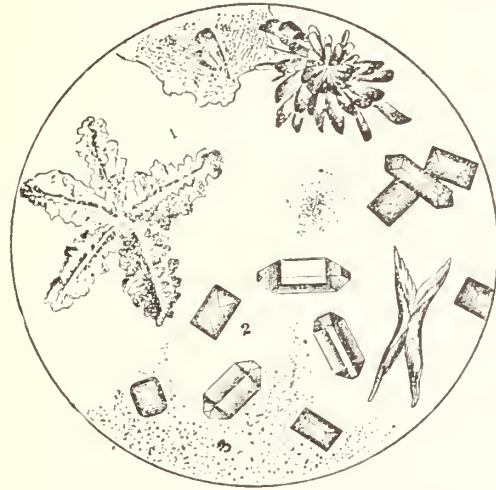


Fig. 7. Triple phosphate crystals: (1) rosette or star-shaped crystals; (2) "coffin-lid"-shaped crystals; (3) mixed urates, sometime found in urine containing triple phosphates. (After Ultzman).

and fatty casts are filled with granular matter and fat globules respectively, blood casts with blood corpuscles. Waxy casts have a yellow or yellow-gray color and refract light strongly.

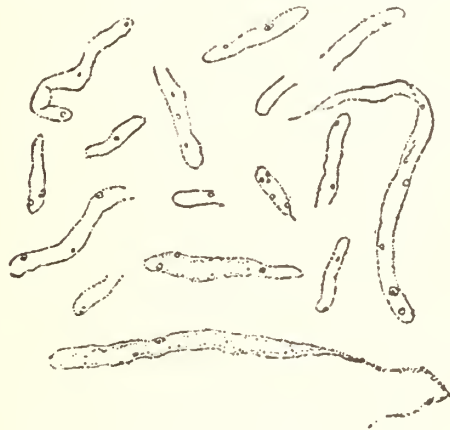


Fig. 8. Hyaline casts. (After Simon.)

Mucous cylindroids resemble hyaline casts, but are often many times as long, irregular in diameter, bent, and often taper to a point at one or both ends.

Pus corpuscles are about a third larger than blood corpuscles, usually circular, granular, and sometimes, when swollen, show nuclei; see Fig. 5 (3 and 4).

Indican appears as amorphous flakes, rhombic crystals, or fine needles of a bluish color.

Cystin occurs as hexagonal tablets, often superimposed upon each other, and often have radii

which are fine lines of secondary crystallization. They may have a greenish tinge, or a mother-of-pearl luster. It also occasionally occurs as highly refractive four-sided square prisms.

Hippuric acid appears as colorless four-sided

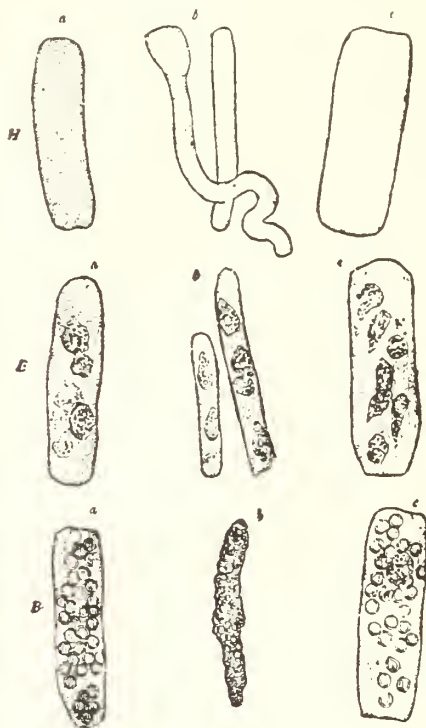


Fig. 9. Casts seen under a high power: H, hyaline casts; E, epithelial casts; B, blood casts. (After Heitzmann.)

prisms which sometimes show indentations, also in clusters of very fine needles.

Kreatinin crystals are colorless, or at most of a light-greenish tint, in shape somewhat like those of uric acid, but have striations both concave and convex and radiating.

Leucin is seen as yellowish spheres, somewhat resembling fat granules, but less highly refracting.

Tyrosin appears as very fine needles, bound together like sheaves.

Calcium sulphate is seen in long, colorless needles or elongated tablets, sometimes in dumb-bell-shaped amorphous masses.

Triple phosphate crystals—Fig. 7 (1) and (2)—are complete and incomplete triangular prisms, sometimes with square, but usually with beveled ends; giving the characteristic “coffin-lid” shape. Formed artificially they appear as star-shaped feathery crystals, and when imperfectly formed are diagnostic of pregnancy in its early stages. To freshly voided urine add one-third its volume of magnesium solution; let the precipitate settle fifteen minutes. Normal triple phosphates formed in this way are stellate and markedly feathery. Within twenty days after conception they lose their feathery appearance, commencing at the top and progressing toward

the base. One side only may be affected, or both, leaving only the shaft and perhaps a few fragments; the shaft assuming a beaded or jointed appearance.

Simple phosphates are usually amorphous; sometimes crystalline, then usually as calcium phosphate (stellar phosphate), which occurs as

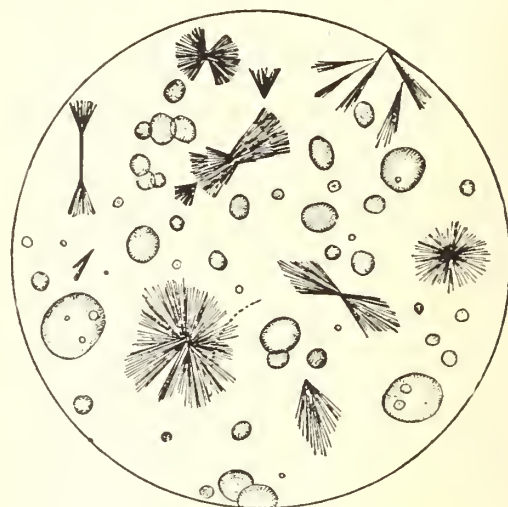


Fig. 10. Leucin and tyrosin. (After Peyer.)

colorless crystalline rods, grouped in stellar or rosette form, or in form of lances or wedges, or lying entirely unarranged.

Magnesium phosphate crystallizes in large, highly refracting, rather long rhombic tablets or plates.

Calcium carbonate seen with a high power (300 to 500 diameters), appears as dumb-bell-shaped masses, and coarsely granular concretions, sometimes as minute spherules.

Epithelia, the normal product of all mucous membranes, appears in varying amount in nearly all urine. Its different varieties, according to location, are best described by reference to Fig. 6.

Blood corpuscles are seen with a high power (400 to 500 diameters), when normal, as small, flat, bi-concave roundish objects of a rusty color: they may be crenated as in acid urine, when their outline is often quite irregular, or, if swollen by absorption of water by long standing, they appear much larger and are almost colorless; see Fig. 5 (1) and (2).

Spermatozoa are seen under a high power as thread-like bodies, having a rounded head and a long tapering tail-like extremity; see Fig. 4 (2).

—It seems to make no especial difference in gargling in hiccup whether cold water is used or some medicated solution, the act of gargling being the one essential thing. The relief of the spasm is probably to be explained by the fact that the gargling sets up a reflex action in a new direction, and the spasmodic action of the diaphragm ceases.

Podophyllum.

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Podophyllum Pellatum, or May Apple in the language of the lay people, belongs to the natural order of the Berberidaceæ. It is a perennial herb, with a smooth horizontal, cylindrical root, a foot or more in length, one-fourth inch thick, giving off a few fibrous rootlets; the annual growth being distinguishable by scars of previous stems. The stems are simple, single, erect, rounded, eight to eighteen inches high; the flowerless stems surmounted by a single leaf, the flowering bifurcating at the top, having two leaves and a flower at the bifurcation. The leaves of the flowerless stem somewhat resemble an umbrella; those of the flowering stems are opposite, four to six inches in diameter. The single, white, pedunculated flower appears in May in the fork of the stem (sometimes varying in locality). The yellow, oval fruit, one to two inches long, appears in July and August.

The May apple is indigenous throughout the United States; found in moist, shady woods and low, marshy ground. Named from *pous*, a foot, and *phyllon*, a leaf, from resemblance of the leaf to the web foot of an aquatic bird.

The rhizome, which is the officinal portion, contains about three per cent. of a peculiar resin, called podophyllin. It also contains a certain proportion of the alkaloid berbera, and it is possible that the tonic properties of this latter may render it, in some cases, a valuable adjunct to the resin, so that a preparation of the root which should contain them both in known proportions is perhaps a desideratum. Podophyllin is a greenish-yellow powder, with a bitter and acrid taste; it is entirely soluble in rectified spirit and ammonia, and nearly so in pure ether.

Given in poisonous doses (2 grains and upwards) podophyllin attacks the gastro-intestinal mucous membrane, by whatever channel it may be introduced into the system. Percy administered an alkaline solution subcutaneously to dogs, and (after a few hours) observed the animals to suffer from colic, tenesmus, and vomiting; and Ainstie injected an alcoholic solution into the peritoneum of dogs, cats, and rats with the uniform result of provoking vomiting, bloody stools, and death from exhaustion, with some appearances of a very peculiar paralysis. Ulceration of the duodenum was found in several, and inflammation in all cases; but the absorption had been so prompt and complete that no inflammation of the peritoneum was produced. This is the more remarkable since both the rhizome and the resin are undoubtedly powerful local irritants, and in some cases, when applied to mucous membranes, even act as escharotics. Other effects of

physiological doses that have been noted are profuse sweats and salivation.

From experiments we learn: 1. Podophyllin, when injected into the duodenum of a fasting dog, increases the secretion of bile.

2. When the bile is prevented from entering the intestine, podophyllin acts less powerfully and less quickly than when bile is introduced.

3. Augmentation of the biliary secretion is most marked when the purgative effect is not severe.

4. Podophyllin purgation is apparently due to local action, for the irritation of the intestinal mucous membrane extends gradually from above downwards.

5. The bile secreted under the influence of podophyllin, although it may be in increased quantity, contains as much of the special biliary matter as bile secreted under normal conditions.

The rhizome of the podophyllin was employed by the American aborigines as a vermifuge; and in modern times has been greatly esteemed by the profession as a hydragogue purgative, having a special reputation as a cholagogue, whence the name sometimes given it of "vegetable calomel."

Podophyllin, in suitable doses, is often capable of correcting a deficient secretion of bile, especially in children. When the motions have become white or clay-colored, podophyllin, in doses of 1-20 to 1-10 of a grain every six hours for a child, and of 1-16 to 1-12 of a grain for an adult, has frequently restored the natural character of the evacuations, at the same time regulating the bowels. So far are these doses from acting in a specially irritant manner that they will often allay the vomiting and diarrhea of gastro-enteric inflammation; and will also cut short the symptoms in the remittent fevers of children, with high temperature, headache, and delirium; dry, brown, and furred tongue; nausea or vomiting of bilious matter, pain or uneasiness in the stomach, sleeplessness, with a general sense of weariness, grinding of teeth in sleep, etc. The effect is much improved by the exhibition of occasional doses of aconite. As another example of the favorable action of podophyllin on the intestinal canal, I may mention that prolapsus of the rectum, in children, may sometimes be removed by similar small doses, administered night and morning.

As a laxative in general, and especially for the purpose of removing habitual constipation, podophyllin should be given in moderate doses. A single dose of 1-2 grain (or at most 1 grain), though somewhat slow in acting, will usually, after some hours, produce decided watery and bilious purging; and often this effect, instead of being followed by a constipative reaction, will be succeeded by increased and long-sustained habitual activity of the bowels. For habitual constipation, it is perhaps better, however, to give from 1-12 to 1-6 grain every night and morning for a little time. This treatment is especially

useful when the constipation is accompanied by nervous and bilious headaches.

In dyspepsia, and in hepatic derangement characterized by loss of appetite, acid regurgitation, putrid taste in the mouth, flatulence, and a tendency either to constipation or to diarrhea, 1-10 grain of podophyllin, every night and morning, will often produce the best results.

In a variety of liver diseases, both acute and chronic, podophyllin will again often be found to justify the high reputation which it has acquired in America and elsewhere.

Characteristics.—Prolapsus ani with stool, or from least motion.

Faintness, with sensation of emptiness in abdomen, after stool.

Diarrhea early in the morning; stools green, sour, with much flatulence.

Stool: frequent, painless, watery, gushing, fetid, yellow, liquid; with mealy sediment; green, sour, watery; yellow, undigested feces; mixed with mucus, offensive; preceded by griping and colic; with heat and pain in anus.

Painless cholera morbus. Stools are profuse and gushing, each seeming to drain the patient dry, but soon he is full again.

Pain in region of ovaries, especially right.

*Carriers of Diseases.**

BY E. MATHER, PH. D., M. D.,
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For many years articles have been written by members of this and other societies on various disease germs. What are disease germs? What spreads disease, and how are we to prevent diseases from spreading? Take first the flies. Our animals hate flies. If we observe the horse, cow, and especially the elephant, it is astonishing the constant watchfulness and exertions they put forth in keeping off the pest.

Are not the flies the actual agents in spreading typhoid fever, diphtheria, and other contagious diseases? Keep the flies out of the sick room, and also from the door, etc. Might not bacteriology have gotten a hint in discovering the ætiology of disease? Did not nature teach you long ago that flies might be the carriers of disease germs?

Cats carry and spread disease from house to house, and children contract many diseases from them. They have been known to carry diphtheria, croup, and other diseases. Some four years ago a very prominent lady came to me with a pet cat. On examination I found it suffering from a cancer of the ear. My advice was to destroy it at once, as serious results might follow. She did not do so, and a short time afterward came to see me on her own account. On examination I found her suffering from cancer of the

hand. She regretted not having heeded my advice. She said, "I was scratched by the poor cat, and a small scab formed, and on removing it, formed again and again, with sharp cutting and burning pains." I have had several cases of serious diseases result from fondling pet cats.

Dogs will also carry and spread diseases in many ways. They are very much petted and nursed by young and old ladies. How often do we see it in our daily practice where children are taken sick, and mother says, "My child has not been out to catch anything like this." Still the cat or dog of next house has been in and left the disease. Case after case can be cited.

Also teach the children to keep the flies out of the sick room, and from the food.

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*On the Physiological Action and Therapeutic Use of Mercury and Its Salts.**

BY ALFRED C. POPE, M. D.

The student of the *Materia Medica*, as set forth by Hahnemann, has not infrequently been puzzled by the nomenclature adopted by its author. Mercury, which he has always known under its Latin name *hydrargyrum*, is now introduced to him as *mercurius*, and potash, always known as *potassa*, is presented to him as *kali*. This arises from Hahnemann having derived the names of the drugs he proved from the pharmacopœia of his native country, while those to whom we owe the introduction of homeopathy into Britain having, unwisely as I think, retained the German nomenclature, instead of reverting to that current in this country, have so far added to the difficulties of disseminating a knowledge of the practice of homeopathy among the members of the medical profession.

The use of mercury as a remedial agent in disease may be traced far back in the history of medicine.

Nowadays, we hear but little of mercurial salivation. While it was in syphilis that mercury was most energetically and profusely administered, we are assured by Dr. Ringer that "the firmest believers in the efficacy of mercury in syphilis are now unanimously agreed, that to give it in quantities sufficient to produce salivation is not only undesirable but pernicious."

The action of mercury upon the tissues and organs influenced by it is alike powerful, penetrating, and enduring. Rightly used, it is, therefore, a substance of great value in the practice of medicine. The researches into its action upon healthy persons are numerous, and the salts which have thus been studied are various. Proving has been made, and results of poisoning have been derived from the metal, its acetate, the mercuric chloride or bichloride, the mercuric

* N. I. and S. M. Hom. Med. Assn., 1902.

* Revised from lectures delivered at the London School of Homeopathy.—Monthly Homeo. Review.

cyanide, the mercurous chloride or calomel, the proto- and biniodides, otherwise termed the mercuric and mercurous iodides, the mercuric sulphide or cinnabar, and the mercurius solubilis of Hahnemann—a black oxide with a variable amount of nitric acid and ammonia. The scientifically correct name of this preparation is dimercurousammonium nitrate. This mercurial salt was first described by Hahnemann in a work entitled "Instructions for Surgeons respecting Venereal Diseases, together with a new Mercurial Preparation." He gave to it the name of soluble mercury, because he says, "it is completely dissolved in all animal and vegetable acids, and in water impregnated with carbonic acid; also in the gastric juice with great speed, as every practitioner may observe from the rapidity with which it causes mercurial fever." It rapidly acquired popularity with the profession in Germany, was accorded a place in the "Prussian Pharmacopœia," and is, I believe, still widely used in Hahnemann's native country. Kurt Sprengel, the historian, says Hahnemann's mercury is an excellent and mild preparation, the usefulness of which has been proved.

Some of the most valuable of the observations respecting the pathogenetic properties of the metallic mercury have been made from amongst workers in it. Though generally supposed to be inert when swallowed in large quantities, when vaporized, and consequently absorbed in small, indeed, infinitesimal particles, it is as active a disorganizer as most of its salts. Hence, Christison thought that it became oxidized before being inhaled. Buchner, Orfila, Pereira, and others, believe that in the finely divided state in which it exists as vapor, metallic mercury is itself poisonous.

The proving of mercurius solubilis is by Hahnemann, and is a very elaborate one; that of the bichloride is by Buchner; for additional information regarding it we have drawn upon the numerous cases of poisoning by it recorded in the medical journals. Our knowledge of the cyanide has been derived from cases of poisoning; of the iodides, from provings instituted by Dr. Lord and Dr. Blakely of New York; and of cinnabar from those conducted by Dr. Neidhard of Philadelphia. A full record of these, and also of some short provings of other mercurial salts, are to be found in Allen's "Encyclopedia."

A considerable degree of similarity exists between the disturbances of physiological action produced by the vapor of the metal and those arising from its salts. At the same time, a tissue which is somewhat influenced by one form of the drug may be, and often is, much more so by another. For example, in every form it acts upon the throat, but *m. vivus* produces simple ulceration of the mucous membrane; *m. solubilis*, ulceration with pain when swallowing; the protoiodide digs more deeply, as it were, and with ulceration of the surface gives rise to inflammation of the follicles; the biniodide again goes as

far as this and farther, producing swollen tonsils also; the bichloride renders the throat of a darker-red color than the other salts, and the pain is more burning; while the cyanide gives rise, not only to inflammation and swelling of the throat, but to the development of white patches of a tenacious quality, resembling the diphtheritic deposit.

Before entering into details, I will endeavor to describe the general action of mercury. The influence of mercury is equally rapid in making itself felt, wide in its area, and profound in degree. Maysucan and Bergeret found that, after a single dose of one centigram of sublimate, quicksilver appeared in the urine within twenty-four hours, but that none could be found on the second day. From continued daily use of the same quantity for ten or twelve days quicksilver was found in the urine during the whole time, and from two to five days after ceasing to take it. With animals, into whom the sublimate was hypodermically injected, quicksilver was found after half an hour in every organ, but mostly in the liver and kidneys. Elimination by the urine in non-fatal cases continued about four days.

The profundity of this influence is especially seen in the alteration in the blood of persons taking it. The red corpuscles have been shown to be so to the extent of a third of their normal number; the fibrin loses its plasticity, coagulation is less firm, serum is increased, and effete matters are not eliminated. As the result of these changes, we find fever of the hectic type and congestion of the glandular structures. The salivary glands become swollen and tender, and their secretion largely increased in amount, and deteriorated in quality. The liver and kidneys are also congested. Its effects are early seen on the mucous membranes. That of the mouth, gums, and pharynx swells, becomes sore, and finally ulcerates. The teeth are loosened, the breath becomes offensive, and the taste is usually described as coppery. The epigastric region is tender on pressure, and pain—especially after the bichloride—is often severe. Diarrhea and dysentery, together with a greater or less amount of abdominal pain and tenderness, indicate the degree of inflammation of the bowel which has been set up by it. Erythema, papular and pustular eruptions, and ulceration mark its action on the skin. The periosteum and subjacent bone structures especially those of the long bones, the bones of the nose and palate, become the seats of inflammation and subsequently of caries or necrosis. The nervous system also suffers, as is evidenced by the mercurial tremor or paralysis, the loss of memory, sleeplessness, and, in some instances, delirium and convulsions. Finally its depressing influence on nutrition is seen in the pale and wan complexion, the debility, amounting in some cases to prostration, the tendency to fainting, the irritable and easily compressed pulse, with palpitation and slight anasarca, the mental depression and irritability which all suf-

ferers from mercurial poisoning exhibit in a greater or less degree.

Halfort, quoted by Dr. Huber, says: "The necroscopic investigations of workers in mercury have yielded no constant result. In the majority of cases the intestinal mucous membrane has been found congested, and with traces of local inflammation. In some cases the liver and spleen were enlarged. In the brain and spinal cord there were now and then traces of inflammation and softening. When death was preceded by long-continued paralysis or tremor, there was atrophy of the muscles affected; when they had succumbed to an attack of asthma, the lungs were found filled with reddish serum. Laryngitis and phthisis mercurialis presented the usual morbid appearances of these affections." It would seem that in their earlier history the liver and kidneys of the subjects of mercurialism are swollen and congested, but, as the poisoning spreads over some years, these organs become atrophied, though not to any great extent. The lymphatic glands are indurated; the teeth and their alveoli, the jaw and other bones are found carious.

The gastro-intestinal mucous membrane is much less frequently altered in character when mercurial fumes have been the source of the poison, than when one of the salts of the metal has been taken. When death has occurred from the bichloride, the pharynx, tonsils, and uvula are usually swollen and injected; and when life has been prolonged for some days these parts are commonly ulcerated. The lower third of the esophagus is congested, and becomes increasingly so as the stomach is reached. This organ is brick-red externally, and dark-red and thickened internally. The mucous membrane is often destroyed in patches of ulceration, and, when a considerable interval has elapsed between the taking of the poison and its fatal consequences, perforation has been noticed. The duodenum and small intestine are inflamed, as is also the large intestine, especially in its lower part, the rectum often showing gangrenous spots. The liver is generally turgid with blood, the kidneys are inflamed, and deposits of pus have frequently been found in their pelves.

Such are the most frequent results of mercurial poisoning from one preparation or another. In some cases the action of the drug is more pronounced in one direction than it is in others.

I now proceed to deal with mercurial poisoning in detail. And first of all, let us examine the kind of febrile excitement set up by this drug.

Under its influence, a sense of chill pervades the body, especially in the open air. Frequent paroxysms of fever, consisting of general flushes of heat, and frequently recurring chilliness and shivering mark its course. Hahnemann describes the following group of symptoms as arising from his experiments with *mercurius solubilis*:

"Fever: At first heat and redness of the face,

and a sensation of heat over the whole body, especially in the palms of the hands, without externally perceptible warmth, then alternations of internal chilliness, which obliged him to lie down; a shaking chill lasting into the night, and even with this chill a sensation of heat in the palms of the hands, with icy coldness of the tips of the fingers."

The perspiration following such an attack is profuse and easily excited. It mostly occurs at night, and is often remarked as being sour and offensive in smell.

Fever of this type bears a close resemblance to the hectic which accompanies wasting diseases, such as phthisis and abscesses, and is in many points like that characteristic of acute rheumatism. In the East and West Indian fever called dengue, after comparing the symptoms of it with those produced by mercury, Huber says that in some of the milder cases this drug will be indicated as a suitable remedy.

Despondency, restlessness, irritability, and ultimately apathy express the phases of mental disturbance provoked by mercury. It has not been much used in the treatment of mental disease, but deserves more careful study in relation to it. Dr. Talcott records a case of melancholia in a married woman, in which mercury was the only medicine given during her nine weeks' residence in the asylum, and her recovery was complete. Like most patients of the kind she had long suffered from sleeplessness, caused in the first instance by business worries, and increased by domestic trials.

In the first volume of "St. Bartholomew's Reports" appears an account of the cases of two men to whom the inhalation of the vapor of mercuric methide proved fatal; to one in eleven days, and to the other within a year. Dr. Edward Blake drew attention to these cases in the twenty-ninth volume of the *British Journal of Homoeopathy*, and argued from them that, even in so apparently hopeless a disease as acute dementia, it seemed possible that advantage might be derived from prescribing this mercurial preparation.

We must remember that it is from exposure to the vapor of metallic mercury, rather than from taking any of its salts, that symptoms similar to those of mental disease have arisen. The following group of symptoms, quoted by Allen from the *Annales d'Hygiène*, occurred in one of two girls exposed to the vapor arising in the distillation of mercury:

"Intellect very weak; shows every mark of imbecility; smiles foolishly; screams constantly, without apparent cause; can speak only a few disconnected words; does not seem to understand the simplest questions, yet appears to know her sister with whom she plays, and repeats a few syllables of what the latter has said to her."

The loss of mental power is a very common result of working in mercury. Hence in the earlier

stage of mental weakness, especially when this is a sequela of some fever, mercury may be hopelessly prescribed. The best form in such a case is the well-triturated metal—*m. vivus*.

In many cases of meningitis, after the acute symptoms have subsided, mercury will be found indicated, and will materially assist in promoting complete recovery. Vertigo, more or less constant, with severe pain in the head; a constant rotatory motion of the head when lying on the pillow, together with mental confusion, are symptoms which, *cæteris paribus*, call for it. The forms of headache in which mercury is indicated are periosteal (*m. vivus*), catarrhal (*m. solubilis*), and hepatic (*cinnabar*). The character of the head pain is constrictive; it gives the sensation of a tight band being bound round the head, and is either limited to, or much aggravated during, the night. The frontal headache is pressive and tearing, and relieved by the pressure of the hand. *Cinnabar* corresponds more to the congestive state than all other mercurial preparations, sleepiness in the daytime predominates; the *cinnabar* headache differs from that of *m. solubilis* by its frequent appearance on the right side, which is opposite in the latter, also by going from without inwards (Huber).

The cerebro-spinal symptoms of mercury—the well-known tremor and subsequent paralysis—resemble both paralysis agitans and multiple sclerosis of the cord. The former, occurring chiefly in persons advanced in life, rarely admits of being relieved by medicine. If any medicine can contribute any advantage to a case of this kind, it may be more surely expected from mercury than any other drug. In multiple sclerosis, at any rate in its early stage, *mercurius vivus* may be of some benefit.

Neuralgia of the fifth pair is a well-marked symptom of mercurialism. It has been most frequently observed in the manufacturers of mirrors, as the result of poisoning with corrosive sublimate, and of overdosing with calomel. Huber gives the following well-drawn picture of mercurial neuralgia:

"Mercurial neuralgia rarely begins suddenly, but generally develops gradually in the following manner: To the place which is the seat of the neuralgia the patient feels first a slight drawing, which soon subsides again, returning in a few weeks, thus gradually forming shorter intermissions, and finally appearing as fully developed nerve pain. These pains are drawing or tearing, are rarely confined to one spot, but generally appear in several portions in the course of an affected nerve. The pains intermit without assuming a definite type, particularly in protracted cases, the pain skips from one nerve to another, especially during great fluctuations of atmospheric pressure. A slight exposure to draught, overheating, mental emotion, slight touch of the affected part, a slight physical exertion, are sufficient to call forth a violent attack. Such patients are able to endure dry warmth and

dry cold. Dampness produces an attack at once. When ordinary people seek the shade at 94° F., the subjects of mercurial neuralgia delight to expose themselves to the heat of the sun. At night such patients are generally quiet; digestion as well as secretion and excretion are commonly natural. Fever was never observed in connection with mercurial neuralgia, which is one of the most obstinate disorders, and often torments a patient for years."

To this I would add that the pains, sudden in their onset, darting and acute in character, are chiefly felt in the zygomata and malar bones. In neuralgia presenting such features as these, particularly when catarrhal, rheumatic, or syphilitic in its origin, *m. solubilis* is generally a speedily acting remedy.

Passing from the neurotic action of the drug, I shall next consider its irritant influence upon the structure of the eyeball, nose, mouth, and abdominal viscera.

While all preparations of mercury excite more or less irritation of the conjunctiva and cornea, none does so more powerfully than the bichloride, or mercuric chloride, or hydrarg. perchloride, as the ever-changing nomenclature of scientific chemists now describes the corrosive sublimate of our fathers. The symptoms it evokes in the eyeball are more striking and suggestive than numerous or varied. The eyes become red, glistening, bloodshot. Pain in them is severe, dry, and burning; the lids feel hot and tearing; the conjunctiva is deeply injected; severe pain is felt at the back of the eyeball; photophobia is present; objects seem smaller and more distant than usual. The symptoms resulting from *m. solubilis* are similar, but less severe. Kussmaul ("Unter-suchungen u. d. Constitutionellen Mercurialismus"), quoted by Allen, in detailing the effects of mercury upon a hundred workers in that metal in Erlangen, describes keratitis, scleritis, chronic conjunctivitis, with a fine rosy-red injection around the cornea, atheroma of left central artery of the retina, weakness of vision, rendering the reading of No. 7 test-type a matter of difficulty, and flickering before the eyes, as among the results arising from it.

Therapeutic deductions from these symptoms have led to the successful employment of mercury in strumous conjunctivitis, scleritis, keratitis, and its too frequent consequence, ulceration; it is also prescribed in iritis. The only occasions on which anything like iritis has been produced by mercury have been when, having been given in syphilis, the patient has been exposed to cold or wet. To attribute the iritis exclusively to the mercury under these circumstances is somewhat of the nature of a gratuitous assumption. Then, again, we have clinical justification for prescribing mercury here. But it must be remembered that all therapeutic results have been vitiated, so far as accurate therapeutic conclusions are concerned, by the universal instilla-

tion of atropine at the same time as the mercury is taken internally. To which medicine, it may be fairly asked, was the cure due: to the atropine or the mercury? We may "think," but we cannot "know"! "As soon as the nature of the disease has been detected," writes Dr. Norton of the New York Ophthalmic Hospital, "a solution of atropine should be instilled strong enough to produce the desired result, and when the dilatation is complete, we should endeavor to keep it so by a continual application of the mydriatic." Excellent practice, no doubt; but at the same time a therapeutic measure that effectually debars us from being able to estimate the extent of the share in the resulting cure which is due to the internally administered medicine. At the same time, in syphilitic iritis, mercury may well be given, and in such cases Dr. Norton lays especial stress on the superiority of cinnabar over other forms of the drug.

In strumous conjunctivitis, scleritis, keratitis, as well as ulceration of the cornea, mercury, particularly its bichloride, is a remedy of supreme importance.

The following case, which came under my care in the course of dispensary work in 1854, illustrates the usefulness of this medicine in cases of this kind:

Mary R., æt. fifty-two, came to the dispensary on the 9th of May. Six weeks since, during an attack of influenza, the right eye became highly inflamed, and has been gradually getting worse. On examination, the sclerotic and conjunctiva are seen to be intensely injected; the cornea is dim and suffused; the eyes feel sore and as though sand were between the ball and lids; the least light excites great pain; there is considerable lachrymation, particularly during the night.

Presc.: R. P. merc. corr. 3x, ter in die sumend.

May 23 (a fortnight later). The inflammatory appearances have nearly subsided. The eye aches on exposure to light, but the sense of burning heat has nearly gone. The same medicine was continued during another week, when the eye appeared healthy, though aching a little.

In the British Journal of Homeopathy for 1864, Dr. Kidd reported a case of strumous keratitis with ulceration, which shows the value of *m. corrosivus* in this form of ophthalmia. The patient was a girl, ten years of age, feeble, thin, and scrofulous-looking; the cornea of both eyes was opaque, and covered with ulcers. Vision was quite indistinct, so much so as to render the child scarcely able to find her way across the room. Intense photophobia existed, with profuse lachrymation. She had been a patient at Moorfields Hospital for six months, taking rhubarb and carbonate of iron during the whole time, and getting gradually worse throughout. Without making any special change in the child's diet or habits, Dr. Kidd gave her *m. corrosivus* 2x, one drop four times a day. The effect, he writes, was both rapid and well marked. The ulcers quickly healed, the opacity of the cornea lessened, and in

a fortnight all traces of ophthalmia had gone, and the sight was restored. Slight opacity of the cornea remained, but there was none in the field of vision; digestion and the general health were now perfect. Between the medicines prescribed at the hospital and the disease there was no connection, no relation. Between the disease and the action of the mercury there was a very distinct relation, and that relation was a homeopathic one.

All preparations of mercury irritate the ear—particularly the middle ear. The corrosive sublimate does so most acutely. The ears feel stuffed, pulsation in them is violent; there is felt a sticking pain in the middle ear, with roaring and whirling sounds. Very similar, too, are the sensations produced by the iodide. *M. solubilis* gives rise to a sense of stoppage in the ear, with roaring; sticking pains, and ultimately purulent discharge with deafness. *M. vivus*, again, causes difficulty of hearing with roaring.

In otitis, especially when the pain is aggravated during the night, or when it is described as tight and aching over the temporal bone, mercury has been successfully used.

In many instances of that troublesome and wearisome condition which, arising as it does from so many and such various causes, is commonly described by its subjective effect, in many cases of tinnitus aurium, mercury is clearly homeopathic. It is of most value when the roaring is due to pre-existing inflammation of the ear.

In chronic inflammation of the tympanum, when "the external canal is generally moist with an excess of cerumen, the membrane reddened and thickened, and moves very little, when the pneumatic speculum has been used, there is coarse tinnitus, dullness of hearing, and a stuffed numb feeling in the ear, *mercurius corrosivus* is," writes Dr. Winslow, "one of the best remedies."

In chronic purulent inflammation of the tympanum, mercury is also a medicine of importance. "For recent and severe cases," says Dr. Winslow, "I have found *m. corrosivus* most efficient. In those of slower progress with plastic exudation and hypertrophy, which it is desirable to remove, the *m. iodidus* is better. For mild cases without any tendency to hypertrophy or destructive ulceration the *m. solubilis* is efficient, and is the most suitable to administer in powders."

The symptoms which mark the action of mercury upon the nose indicate, in the first place, inflammation of its mucous membrane; and, secondly, caries of its bones. Fullness and stuffiness of the nostrils, producing complete obstruction and thin free discharge, with sneezing, which with the chilliness, aching in the limbs, and constrictive headache—also the result of mercury—form a group of symptoms accurately resembling a fully developed nasal catarrh, or cold in the head. In this condition, when the period during which aconite would have checked it has passed

by, and before that of weariness and exhaustion, where arsenic is so useful, has arrived, there is no more valuable remedy than *m. solubilis*.

Penetrating more deeply into the system as a vapor, the mercurial crisis thus established sets up inflammation of the palatine and nasal bones (Huber). Dr. Winslow's description of the cases to which mercury is homeopathic in this sphere is a very good one. He advises it "when the mucous membrane is pale gray, flabby, ulcerated, and bleeds easily, and the nostrils are scurfy and sore; the nasal bones are tender, the eustachian tube filled with mucus; the throat slimy, and the mucous discharge grayish, fetid, and metallic" (op. cit., p. 398).

In all cases of this kind care must be taken to ascertain whether this drug has not, at some time or other, been taken, so as to have been itself the cause of the evil it is desired to cure. If the patient is suffering from chronic syphilis suspicions will be aroused, and then nitric acid will be called for; or, if caries has very far advanced, aurum muriaticum may be required.

It is on the tissues of the mouth and pharynx that the most striking and best-known effects of mercury are seen. Under the influence of this drug, in almost any form, but especially under that of the vapor of the metal, or the internal exhibition of the corrosive sublimate, the lips become swollen, sore, hot, dry; ulceration is set up at the junction of the upper and lower lips; the gums swell and separate from the teeth, bleed readily, and frequently ulcerate; the teeth loosen and become extremely sensitive to cold air, when, as also during eating, they ache considerably. The toothache, characteristic of mercurial action, is jerking and throbbing; the pain extends along the lower jaw to the ear, and from the teeth of the upper maxilla to the head; the gums are generally swollen and tender. The buccal mucous membrane in mercurialism is livid, swollen, and ulcerated. The secretion of saliva, which becomes acrid, tenacious, and offensive, is greatly increased. The breath has a peculiar and disagreeable odor. Taste is very variously perverted, having been described as brassy and metallic, sweetish, sourish, salty, and putrid. The mercurial tongue is large, swollen, coated with white or yellowish-white fur, and its margins are dentated; it is also often painful, the pain being described as burning, and as though pins were sticking into it. The throat is dry, there is some difficulty in swallowing, but at the same time the constantly accumulating saliva creates the desire to swallow. The anterior part of the throat looks slimy, the posterior feels dry. A pressure, as though something were sticking into the throat, has also been felt. The uvula and tonsils are swollen and ultimately suppurate. Externally the parotid and cervical glands are swollen, and the seat of burning and sticking pains. The jaws, too, feel swollen, painful, and stiff.

In the first place, these symptoms suggest the employment of mercury in non-membranous

stomatitis, a low form of swelling of the buccal mucous membrane with ulceration; and also in cancrum oris, in its early stage. In these cases the corrosive sublimate is the best preparation to use. In caries of the teeth, when pain is acute and darting, and throbbing, when there is an abscess at the root commencing, a dose or two of *m. solubilis* will often give immediate relief, and postpone for a time the necessity for the forceps.

In inflammation of the tonsils, attended by a thick slimy discharge from the follicles of the enlarged glands, the iodides of mercury are of great service. The protoiodide is preferable when ulceration is excessive, while in those cases where the enlargement of and pain in the tonsils are the prominent features, and there is a thick, slimy discharge with comparatively little ulceration, the biniodide is the more useful. In acute tonsillitis, after aconite has reduced the febrile excitement, and belladonna the intensity of the local inflammation, but when the tonsils remain swollen, pale in color and threatening suppuration, *m. solubilis* has, times without number, reduced the swelling and removed all danger of suppuration.

In many cases described as diphtheria, the iodide of mercury has proved useful. The late Dr. Newton, in detailing some cases in the *Monthly Homeopathic Review* (vol. xiv. p. 411), describes it as being "useful in those cases where the deposit is limited, feebly organized, and attended with great gastric, hepatic, or intestinal derangement." The true diphtheritic deposit can scarcely be said to be "feebly organized"; on the contrary, it is generally tough and leathery. This is not the kind of deposit met with in mercurialism arising from the preparations we have been considering. On the other hand, three or four cases of poisoning by the cyanide of the metal have shown that it does produce a deposit of this type. Huber gives the following résumé of its pathogenetic action in relation to diphtheria.

"The mucous arch of the pharynx is red and vascular. Upon the arch of the palate and tonsils there has formed a grayish-white, soft superficial layer; at the same time there is a diphtheritic ulcer in the mouth, and another around the anus. In addition to these pathological changes, the entire mucous membrane of the fauces is much reddened, together with dysphagia. Swallowing is very difficult. The pharynx is red and vascular. General weakness, which soon increases to actual faintness, so that he remained for a certain length of time in a state of unconsciousness. The night was spent in sleeplessness; he was much excited, and talked incessantly in his rage; the next night was spent in the same manner; the patient awoke with violent headache, nausea, increased thirst, much redness of the fauces, and dysphagia. With headache and vertigo there is nose bleeding; the face is pale, livid, and distorted. Nausea soon followed by vomiting. Retention of urine for five

days; the urine collected on the seventh day was of acid reaction; microscopic examination revealed straight and twisted renal tubules, studded with fine detritus; no blood corpuscles; chemical analysis showed much albumin."

The close analogy—both locally and constitutionally—between these symptoms and those characteristic of true diphtheria in its most serious and anxious form is sufficiently obvious. The first physician to recognize this resemblance between cyanide poisoning and diphtheria, and from it to infer its value in diphtheria, was Dr. Alphonse Beck, who, in 1868, published a pamphlet in Paris, entitled "On the Use of Cyanide of Mercury in Diphtheria." His first observation proving its value was in 1864, the patient being a son of Dr. von Villers, of St. Petersburg. Since that time the appreciation of this mercurial preparation in diphtheria has grown rapidly, both in Europe and in the United States of America. Like many another useful deduction made from the practical application of the principle of similars, some of those who profess to regard this principle as worthless, and its adoption as scientifically degrading, have "discovered," as they endeavor to make their colleagues believe, the importance of this use of the cyanide. Of these, Dr. Erichsen of St. Petersburg is one; and in the medical journal of that city he assumed the rôle of the original observer, and recommended it as "the most potent anti-diphtheriticum." The preparation he used was one the dose of which was equal to the 3d decimal dilution, which he gave in rapidly repeated doses. This "original" observer published his "original" observation in 1880, in the *Medicinische Central Zeitung*, sixteen years after Dr. Beck, guided by the principle of similars, had proved its efficacy on young Von Villers, and twelve years after he had published his observations demonstrating its utility! In 1883 at a congress of physicians held at Stralsund, Professor Schulze of Griefswald in speaking on the treatment of diphtheria, said that "in the cyanide we possess a remedy which has the power of influencing the affected tissue internally, and at the same time, of destroying, or at least of paralyzing, the poison" (*Deutsche Med. Wochenschrift*, January 3, 1884). He used a solution of 1-7 of a grain in 4 ounces of water, of which he gave from 1 to 4 drams every hour. The *Lancet* of April 24, 1888, records the success of Dr. Sellden, a provincial medical officer in Sweden, in using the cyanide in diphtheria. He and his colleagues had in five years treated 1400 cases with this medicine, with a mortality of only 4.9 per cent, whereas, prior to their knowledge of its value, the death-rate among 564 persons attacked was 92.7.

Hahnemann did not discover the fact that cyanide of mercury was the remedy in diphtheria, but he did proclaim the principle that led to its discovery; and the same principle has led, and will yet lead, to many similar discoveries. It is

by not recognizing this fact that the great body of medical men lose so much therapeutic power. They accept and avail themselves of therapeutic conclusions, but deny the truth of the principle which led to these conclusions. Dr. Jousset, author of the "Practice of Medicine," has published cases showing the value of the preparation of mercury in diphtheria. That cyanide of mercury is homeopathic to diphtheria has been proved, and that it is, in very small doses, the most successful remedy, in that disease, experience has abundantly testified.

Some Odd Remarks Found in Medical Genius.

Hiccough Arrested.—Anything that will cause sneezing—snuff, pepper. Or hold ice to lobe of ear; this stops it at once.

Indications for Bright's Disease.—Puffiness about the eyes, especially in the morning, smooth, red, clean tongue. Momentary numbness of a finger.

Indication of Diabetes.—Constant passing the tongue over the lips, to moisten them, during conversation.

Indication of long life and great endurance—long ear-lobes.

Vomiting of Pregnancy Arrested.—Eat fresh popped-corn, salted to taste. Drink hop-tea. Drink lager beer, especially at meals.

Night Cramp in Limbs Prevented.—Put bricks or blocks of wood under the two posts at the head of the bed. Sleep with garters on.

Clear complexion Secured.—Carrot soup, minus meat, eaten with brown bread daily for several weeks, clears and beautifies the skin.

Asthma.—Sometimes arrested in one minute by a teaspoonful of gin.

Felon.—Apply at as early a stage as possible, cloths saturated with the tincture of lobelia, and the felon will vanish.

Easy Labor and Rapid Recovery.—Administer from the outset, and during labor, frequent copious injections of hot water per rectum.

—“My gracious, James, what are you here for?” exclaimed the county physician on a tour of the station houses.

“Burglary,” replied Jimmy Dore, coolly.

“Oh, you don’t mean it? Well, I am surprised at that!”

“So wuz I, or I wouldn’t be here.”

—Faith cure is the best remedy to get rid of something you haven’t got.



The Medical Library

By O B SERVER

Disorders of Assimilation, Digestion, etc.

A most ingenious experiment which shows a possible cause of clumping of bacilli, and of the formation of rouleaux by red blood corpuscles, is related by Dr. T. L. Bouton in his work on the above subject. A large photographic tray was filled with water, colored blue by litmus. The bacilli were represented by lucifer matches covered with hard soap. These rods floated indiscriminately in the liquid. If acid was added to the liquid till the color became red, the rods at once drew together and formed clumps; but when an alkali was added and the water stirred, the clumps broke up and did not re-form. Blood corpuscles were represented by thin cork disks, as in Professor Norris' experiment, weighted so as to float upright, either partially or totally submerged. These disks covered with soap formed rouleaux when the medium was acidulated. The author believes that both clumping and rouleaux formation are due to some slight alteration of surface tension, probably caused by the liberation of fatty substances by means of carbonic acid.

Anatomisch-klinische Vortraege aus dem Gebiete der Nervenpathologie.

Professor Schäffer has published, in the form of a volume of lectures, a study from the anatomical and clinical points of view of the three mutually related diseases—tabes dorsalis, progressive or general paralysis, and cerebral neurasthenia. After a minute description of the anatomy and pathology of the neuron, and a careful review of the opposing views as to the site and nature of the fundamental lesion in tabes, Professor Schäffer maintains that the primary condition is a parenchymatous degeneration of the sensory proto-neuron, beginning in the sensory root between its entrance into the cord and the posterior spinal ganglion. Professor Schäffer regards tabes and general paralysis as parasymphilitic conditions, and introduces Professor Edinger's Ersatz-theorie, which might be shortly described as one of overfunction in states of malnutrition as explaining why in some the exogenous sensory neurons (tabes) and in others the endogenous neurons, mainly of the brain cortex (general paralysis), should be affected. The post-symphilitic states of malnutrition induced in the subjects of both tabes and general paralysis are, he holds, identical, the locus being different, the nervous mechanism in which the hyperfunc-

tion occurs being determined by the occupation or habits of the individual.

Das Neuron in Anatomie und Physiologie.

Few questions have of late years awakened so widespread an interest as that of the minute anatomy of the neuron and the changes which accompany its function. Improved technique, and in particular the methods of Golgi and Nissl, have thrown so much fresh light on its architecture that it is not surprising that much controversy exists as to the mechanism, and even origin, of its component parts. Professor Verworn, in a treatise on "the neuron in anatomy and physiology," summarizes and criticises the various conflicting views. On the vexed question of the continuity or the contiguity of neuron with neuron Professor Verworn deprecates any dogmatic attitude, is careful to show that it is impossible to speak to-day with certainty, but considers that it is probable that in adult animals in many cases a direct continuity does exist. As to the plasticity of the dendrites, otherwise the amoeboid movements of their protoplasm, which has engaged so much attention since Rabl-Ruckhardt in 1890 published his theory in the *Neurologisches Centralblatt*, Professor Verworn speaks with no uncertain voice. The so-called varicosities, on whose presence this theory rests, are, he says, artifacts, products of the Golgi method, and supports this conclusively by the results of Weil and Frank.

Die vasomotorisch trophischen Neurosen.

Professor Oppenheim, in the introduction to Dr. Cassirer's book on "Vasomotor Trophic Neuroses," observes that it is difficult to secure a definite clinical picture of these disorders. Dr. Cassirer's attempt is, however, attended with some success: he has combined with results of his own experiences the impressions obtained by studying a large number of reported cases, the bibliography of which alone occupies forty-six pages of the monograph. It is no fault of the author that, after a careful perusal of the book, we feel rather dissatisfied; the types of disease which are here attempted to distinguish have so much in common, in some cases, that it is simply a matter of personal bias whether we should label the malady discussed as sclerodactylia with symptoms of Raynaud's disease or Raynaud's disease

with symptoms of sclerodactylia. The transition forms are so numerous and bewildering that it would appear almost useless to try to separate the various maladies described in this book. That the dissatisfaction is due only to the difficulty of the subject and the various anatomical reports on the various diseases, and not to the manner of the treatment of the subject by Dr. Cassirer, is shown by the enormous pains taken to compare and analyze the morbid condition of the parts affected. The subject is treated as scientifically as it can be, and in the first hundred pages a careful summary is given of the known facts of the anatomy and physiology of the vasomotor and secretory centers, with special reference to the vasomotor theories of Schiff and Brown-Séquard and the neurotrophic theory of Samuel. The author is convinced that under vasomotor trophic neuroses may be included the following affections: Acroparæsthesia, erythromelalgia, Raynaud's disease, scleroderma, Quincke's œdema, multiple neurotic gangrene of the skin, and a malady described by himself as "acroasphyxia chronica." He discusses under the pathology of these diseases the various morbid changes met with and defines his own position by saying that the various vasomotor trophic neuroses are due sometimes to lesions, probably functional, of the various centers, and in other cases to disturbance of peripheral nerves. In the latter case the morbid processes at work on the peripheral nerves act reflexly on the centers, with very similar results to those produced in primary disturbance of the centers. As our knowledge of such centers in the spinal cord and brain is limited, these views seem too theoretical.

Functionelle und organischen Nerven-Krankheiten.

The distinction between functional and organic disease of the nervous system from the diagnostic point of view is ably, if cursorily, treated by Professor H. Obersteiner in an essay on functional and organic nerve diseases. He takes exception to the talk about "molecular changes" in functional disease, since the term merely cloaks ignorance, and supplies a factitious base for what is mere theory. The term "nutritional" in this connection is also traversed. It is known, he remarks, that in many functional neuroses the general nutrition is undisturbed, that in many cases of extreme nutritional disturbance no nervous symptoms are present, and that in extreme starvation the mental functions are the last and least affected. He reviews the recent work on the subject of "railway spine," and whilst admitting our indebtedness to Charcot for demonstrating the hysterical element in these cases, says that it would be going too far to relegate every such case in which no gross lesion can be proved to the class of functional disease. It is especially interesting in this connection to note that the recent experiments and investigations of Bikeles, Kirchgässer, Endden, and others

confirm the older results of Hodge and Schmaus, and establish with certainty the possibility of a direct traumatic necrosis of the central nervous system without the presence of any gross lesion, such as fracture or hemorrhage, as the result of concussion. It will be remembered that, so long ago as 1860, Erichsen attributed this disease to fine changes in the cord produced by the shock. Bikeles has now, by means of the delicate methods of Marchi and Nissl, demonstrated in the central nervous system of guinea-pigs degeneration in the cerebral and spinal neurons as the result of blows which had been insufficient to produce fracture or hemorrhage, and that, though the blow had been inflicted on the skull, the degeneration could be traced with diminishing intensity as far as the lumbar cord. It is at once apparent that the application of these results extends far beyond railway spine. Epilepsy, Professor Obersteiner says, is frequently but mistakenly classed amongst functional diseases.

Die nervöse Schlaflosigkeit ihre Ursachen und ihre Behandlung.

An essay by Dr. Heim, with a rather cumbrous title, which may be translated "nervous sleeplessness, its causes and treatment," does credit to the author's common sense. After a short discussion of the nature of sleep, and the causes and pathology of sleeplessness, he proceeds to consider the methods of treatment in cases of nervous sleeplessness, connected with the abnormal irritability and rapid fatigue ("irritable weakness") of neurasthenia. The nervous life of the individual must be searched to find out the cause of the trouble, and, according to the cause, the physiological remedies will be suitable occupation, exercise and diversion, dietetic and climatic treatment. Hypnotic drugs are seldom required, but patience is necessary, since the desired result may not be obtained immediately.

Die Gicht-Therapie in Karlsbad.

The effect of the Carlsbad treatment on gout is discussed by Dr. R. Sachs in a pamphlet which rises somewhat out of the ruck of such publications. He considers (1) the treatment of chronic constipation and the lessening of the predisposition to gout; (2) the neutralization of the uric acid; and (3) promotion of the general and local metabolic changes. He draws due attention to the importance of not allowing treatment to render the urine alkaline for too long a period. He advises the local application of heat (by the use of hot peat, etc.) in chronic articular cases to promote local hyperæmia and increase the circulation and temperature of the affected part, and thus help to remove deposits of uric acid. In order to lessen the tendency to inflammatory exacerbations under this treatment the author recommends a cold or Priessnitz compress to be applied for half to one and a half hour about five to eight hours after each application of heat, that is on the evening of the same day.

TOPICS OF THE HOUR

They Can't Put You in Jail.

The Chicago Clinic publishes the first lecture of the very distinguished Dr. William T. Quine, of whom we have never heard, unless—but of that later—who has been amusing the innocent students of the P. and S. Medical School at Chicago with what he promised them would be an honest effort to explain the Principles of Homeopathy. He succeeds in this laudable undertaking with about the same measure of correctness as he evinces in copying Bobbie Burns' famous "Oh, wad some power," etc.

The exception hereinbefore referred to and saved was that this name of Quine—which at first looked like Quinine—seemed to fall familiarly upon our memory as that of a medical man who, once upon a time, tried to ride two horses at a Dunham Commencement Exercises—or was it Hering? No, it couldn't have been Hering, for Father H. C. would never have permitted any such horse-play in his college. If this is the same Quine who, upon the Dunham-occasion, spoke on "Why Am I not a Homeopath?" then we can, in part, understand whence he got his wonderful knowledge of the Law of Similars. For having been in the camp of his friends the enemy long enough to break bread and partake of their hospitality; to speak his piece and do his act at their Exercises, it gave him just about enough time to pick up his present valuable information touching what Homeopathy is—not.

This P. and S. professor has taken of his own and his students' time to lampoon a system of medicine which has long since passed the stage of ridicule. It is a little late even for the P. and S. school to descend to these depths. It has now been quite some time since Homeopathy was last laughed out of existence, the last time having been—was it not?—when George Gould paid some stool-pigeon a hundred dollars for his comic effort. But for some in-screw-table reason the homeopaths don't seem to know they are dead, but just keep on marrying and giving in marriage and doing all other of the usual and customary things appertaining thereunto. And because they continue to make sad inroads on the other fellows' practice, it becomes necessary for the P. and S. to amuse its students with a few ghost stories to keep them from straying after the school of the little pills.

This gentleman with the cap-and-bells has absolutely nothing new to produce. He is a fraud as an exposé. He is threshing over old straw, so old that it is become musty and foul. He has two points upon which he has stubbed his toes. The one is the usual story of "symptoms"; the other the "potency" question.

Of the former he makes the cut-and-dried false statement—in other words, it is "the same old lie"—that the homeopath prescribes only on symptoms; that he is forbidden by his Law to look for cause; he does not need to examine ætiology, pathology, diagnosis, anatomy, physiology, chemistry, toxicology, or bacteriology.

This pitiful lie is so transparent that even a half-witted medical man of to-day would scorn to pass that for current information.

If Quinine has lived in Chicago any number of years, and is familiar with the medical schools there, especially Hahnemann, Chicago Homeopathic, and Hering, and elsewhere in the United States, he knows, as well as he knows the back of his right hand, that all these subjects, with not one single exception, are taught in every homeopathic college in the world!

He knows, or if he doesn't he ought to keep his head closed up, that the homeopath passes the same medical examination as the allopath, before the examining boards of New York, Pennsylvania, Ohio, and all the others. And in New York, on several occasions, the homeopaths have been the honor men! If he doesn't know these things, when they are matter of public news, why does the P. and S. permit him to teach or instruct young minds? If he does know these matters to be facts, then someone, in or out of the P. and S., ought to take him off his pedestal and gently or forcibly, as the case may be, show him what form of cheerful idiot he is making of himself.

The other troublesome point with him is the potency question. Here, again, he makes some good shots, but not the best that could be made. We have seen far better exposés of this truly ridiculous feature. We have frequently laughed ourselves into a blue-and-gold conniption-fit over this patent absurdity of the dose—this drop of medicine put into Lake Erie, or at the source of the Mississippi River, and then taking one teaspoonful at Niagara Falls, or at New Orleans, and calling it medicine. Ha! ha! ha! It is to laugh. Then having laughed our fill, like the other thirteen thousand homeopathic practitioners, and the several million patrons, we have gone back to that same nonsensical dose and cured and made well the people who came to us. It is so hard to break one's self of a bad habit. And this habit of curing people with a remedy, in a dose which has 1 for a numerator, and forty-nine-and-a-half inches of zeros for a denominator, is of all things the hardest to overcome. Of course, we understand—not having been born yesterday, and not now engaged in teaching our grandmother how to suck eggs—that our patients are all mildly insane, hysterical, Christian-science, hoodooed, hypnotized, but little ill, or

infested with self-limited diseases, and who are, in truth, made whole by the touch of the hem of our garment, or by our dignified bearing, our side-whiskers, our little bald spot, our personal magnetism, our handsome presence, our stinky-gasoline engine with liveried liver-colored shof-fare, or our grandfatherly way of stroking our patriarchal beard, while saying "Dear heart" to every woman. But of medicine, actual medicine, these patients get none; of course not. But they do get well, and they wanta some-more-um. As with Pitcher's Castoria, the children cry for it. And that is the singular part of it.

Now, if one should ask the very learned Dr. Quinine of the P. and S. what it is in his heroic dose of belladonna that cures he would tell you promptly that it is the—er—a—er—a—in short, he doesn't know. He knows only that he gives it, and in a time, much or less, according to his case, the patient gets well. And exactly the same thing happens with the homeopathic dose. He cannot prove that it is the color, the taste, the smell, the weight, or the quantity that cures. And we defy this professor of the P. and S. to make his law of cure any more definite than that.

If the P. and S. is shy on medical subjects, and must needs amuse its young men, let them call in Gross, that wonderfully great man, who has recently convinced a judge in Chicago that Rostand is not the author of "Cyrano," and have him read a scene or two from his "Merchant of Cornville." Or, if the P. and S. truly lusts to inform its young men of the truth of Homeopathy, let them get H. C. Allen, or some other honest man, to read to them the first thirty paragraphs of the Organon,—to read each paragraph, and not select here and there an isolated and, therefore, unsatisfactory and unrelated paragraph,—and talk from that as a text; and not concern himself with the Lesser Writings, the Greater Writings, or the Medium Writings, or their interpretations given by others.



The Talcott Loving Cup.

One of the many gratifying evidences of the betterment in the age is the frequent giving of the Loving Cup, which, as its name implies, can, of itself, be of but little intrinsic worth to the recipient. It represents, however, in concrete and lasting form, the love, friendship, and good will of that inner circle of friends so inexpressibly dear to the human heart.

In times not long o'erpast, this took the cheap, material form of watch, or cane, or jewel bright; more oft it found its tongue in sword, or belt, or knot, or star, or cross, or medal grand for service done. But we, to-day, have freed our gift of sordid dross and gain and bring it forth a Loving Cup—filled and brimmed and sparkling—o'er—each hand, each lip, each soul, 'mid happiest phrase and song, to one grand purpose

bent. Can there be tribute paid to human life more dear, more true and kind, than thus to fill one human heart with love and song and aspirations sweet? Did not the Great Physician pass the Loving Cup, and, in His gentle, low, sweet voice, command to do this oft in memory of That Night?

There was another giving of the Loving Cup by these same homeopathic and stalwart New Yorkers, when they got Father Asa Couch to Buffalo and told him of their love and made the occasion one of immortality to the homeopathic hero. And now, again, these homeopathic hordes have swept down upon New York City and carried with them, in captive-chains, this giant homeopath—Selden H. Talcott. Thus it came about that, in order to fitly commemorate the conclusion of Talcott's twenty-fifth year of continuous service as medical superintendent of the Middletown State Homeopathic Hospital, on Wednesday evening, May 14th inst., there met a company of notable Men in Medicine at the Waldorf-Astoria,—some 150 good men and true,—and under the eloquent chairmanship of Clarence Butler of New Jersey did turn the banquet into one of jollity and mirth.

At its conclusion came the speeches, in general from his former associates and assistants; then the presentation of the bound book of testimonials from the many absent friends—and, at last, the Loving Cup.

Alas! here came the first and only marment of the feast. We read in history that the Egyptians put a coffin on their creaking banquet board, in honor of their dead and pointed the living to the end of all.

These merry guests were told that William Tod Helmuth, poet and sweet singer, years out of number, lay ill; hence, his task was delegated to another—Dr. George W. Robertson. Yet even so, deploring the absence of the genial poet, there none was at that feast to dream that Helmuth lay within the view of Fadeless Eternity; that e'en now, at that merry feast-time, the fiat of the Mighty One had issued, and one more of Talcott's friends lay dying at the Gates of Pearl! Indeed, only a few moments following the closing of the formal feast, the guests still mingling with each other, the message came that the great surgeon had breathed his last!

Perhaps this was the last poem, now given here, which fell from his pen:

"Look at my hair and see it silver-gray;
Look at my eyes, behold the dangling glasses;
Look at my ears, you know full well that they
Are not acute to every sound that passes.

"You knew me when these same old locks were brown,
With ears responsive, and eyes quick to see.
I recollect when you came up to town,
With letters introductory to me.

"A stripling then, from dear old Munger's care,
Turning with the Æsculapian flame,
With slender body and with flowing hair,
Up to your Alma Mater's courts you came.

"Do you remember, then, that I was teaching
The new suspension for a fractured thigh?
The old straight splint of Physic was impeaching,
When you besought me, Munger's splint to try.

"Take down the worn old volume from the shelves,
Turn you to page five hundred ninety-five.
Ah! mem'ry then will tell us of ourselves,
Both you and I—Thank God we are alive!

"As retrospection stealeth o'er the years
To touch the men that lectured then to you,
Our hearts grow sad—our eyes o'erflow with tears;
So many gone—the remnant still so few.

"But I must play your Ganymede to-night;
And give this cup all filled with ruby wine,
In friendship's name from those who with delight,
Have watched your progress since you fell in line.

"Take it, old man, with all the love it offers:
Take it and keep it, for it tells a story,
Take it, 'tis better than o'erflowing coffers;
Take it resplendent with true friendship's glory."

"Golden-Rule" Talcott's response partook, as always, of his happy marshaling of facts, of figures, and of flowers. It was listened to in rapt attention, except when broken into and enthusiastically emphasized by applause. And at the close there was an ovation!

They had not forgotten,—the graybeards,—and the younger men had heard,—how Talcott had received the banner of Similia as a young man, full of life, ambition, purpose, vigor, love,—and ever since had kept it to the front.

They knew that Talcott had followed in Hahne-mann's footsteps in treating the mentally ill with kindness. They knew, too, as all the State doth know, that Talcott had saved the State some forty thousand dollars over all expenses.

Can there be greater heights to scale for moral man than love of his fellows? What greater immortality than this—the love found graven in the hearts of those we hold most dear—whose lightest wish we cherish and obey? What is the printed glory but a name, a charm that lulls to sleep? But true love—love between brethren—affection of the living for the living—the one touch of nature which makes the whole world kin; a love not based on massive wealth or vast all-owning power; but on work well done, mindless of plaudits or of scorn, that is true immortality!

The homeopaths knew that, so long as Talcott was at Middletown, "our flag was still there"! And it is there to-day—bright and glorious, reflecting the colors of the rising sun, and listening to the booming of the sunset gun. It never will be lowered in confusion or dishonor—not while Talcott is sergeant of that color-guard!

Unusual writing this, truly, for a medical editor, who rests in tacit bond to furnish forth naught but a charnel house of bones, and tissues, nerves and microbes; to deal most learnedly of foul disease and ending-death. We are of that number who, as Dr. Biggar said at the Couch Loving Cup banquet, believe in placing flowers ere the cold and senseless clay dissolves. With

Biggar we believe it right and meet and proper to put a rose in the fingers of him borne down by the heat and burden of the day, or to whom the brunt of battle has been overlong, and who fain has thought his brethren care for him as naught. But the brethren do care! The true heart lies in every brother's breast! There may be born full many a rose to blush unseen of mortal eyes. But it is seen—of Him who knows and loves the honest heart!

It hath become so much the form to speak in stilted phrase and labored periods of the dead. Let us reverse this custom. Let us give our flowers now, and so give hope and valor for the further combat.

We love you, Talcott! So say we all of us! God bless you! May he keep you in health and activity for lo! these many, many years!

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Should Physicians Attract Attention?

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infested with self-limited diseases, and who are, in truth, made whole by the touch of the hem of our garment, or by our dignified bearing, our side-whiskers, our little bald spot, our personal magnetism, our handsome presence, our stinky-gasoline engine with liveried liver-colored shof-fare, or our grandfatherly way of stroking our patriarchal beard, while saying "Dear heart" to every woman. But of medicine, actual medicine, these patients get none; of course not. But they do get well, and they wanta some-more-um. As with Pitcher's Castoria, the children cry for it. And that is the singular part of it.

Now, if one should ask the very learned Dr. Quinine of the P. and S. what it is in his heroic dose of belladonna that cures he would tell you promptly that it is the—er—a—er—a—in short, he doesn't know. He knows only that he gives it, and in a time, much or less, according to his case, the patient gets well. And exactly the same thing happens with the homeopathic dose. He cannot prove that it is the color, the taste, the smell, the weight, or the quantity that cures. And we defy this professor of the P. and S. to make his law of cure any more definite than that.

If the P. and S. is shy on medical subjects, and must needs amuse its young men, let them call in Gross, that wonderfully great man, who has recently convinced a judge in Chicago that Rostand is not the author of "Cyrano," and have him read a scene or two from his "Merchant of Cornville." Or, if the P. and S. truly lusts to inform its young men of the truth of Homeopathy, let them get H. C. Allen, or some other honest man, to read to them the first thirty paragraphs of the Organon,—to read each paragraph, and not select here and there an isolated and, therefore, unsatisfactory and unrelated paragraph,—and talk from that as a text; and not concern himself with the Lesser Writings, the Greater Writings, or the Medium Writings, or their interpretations given by others.

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The Talcott Loving Cup.

One of the many gratifying evidences of the betterment in the age is the frequent giving of the Loving Cup, which, as its name implies, can, of itself, be of but little intrinsic worth to the recipient. It represents, however, in concrete and lasting form, the love, friendship, and good will of that inner circle of friends so inexpressibly dear to the human heart.

In times not long o'erpast, this took the cheap, material form of watch, or cane, or jewel bright; more oft it found its tongue in sword, or belt, or knot, or star, or cross, or medal grand for service done. But we, to-day, have freed our gift of sordid dross and gain and bring it forth a Loving Cup—filled and brimmed and sparkling—o'er—each hand, each lip, each soul, 'mid happiest phrase and song, to one grand purpose

bent. Can there be tribute paid to human life more dear, more true and kind, than thus to fill one human heart with love and song and aspirations sweet? Did not the Great Physician pass the Loving Cup, and, in His gentle, low, sweet voice, command to do this oft in memory of That Night?

There was another giving of the Loving Cup by these same homeopathic and stalwart New Yorkers, when they got Father Asa Couch to Buffalo and told him of their love and made the occasion one of immortality to the homeopathic hero. And now, again, these homeopathic hordes have swept down upon New York City and carried with them, in captive-chains, this giant homeopath—Selden H. Talcott. Thus it came about that, in order to fitly commemorate the conclusion of Talcott's twenty-fifth year of continuous service as medical superintendent of the Middletown State Homeopathic Hospital, on Wednesday evening, May 14th inst., there met a company of notable Men in Medicine at the Waldorf-Astoria,—some 150 good men and true,—and under the eloquent chairmanship of Clarence Butler of New Jersey did turn the banquet into one of jollity and mirth.

At its conclusion came the speeches, in general from his former associates and assistants; then the presentation of the bound book of testimonials from the many absent friends—and, at last, the Loving Cup.

Alas! here came the first and only marment of the feast. We read in history that the Egyptians put a coffin on their creaking banquet board, in honor of their dead and pointed the living to the end of all.

These merry guests were told that William Tod Helmuth, poet and sweet singer, years out of number, lay ill; hence, his task was delegated to another—Dr. George W. Robertson. Yet even so, deploring the absence of the genial poet, there none was at that feast to dream that Helmuth lay within the view of Fadeless Eternity; that e'en now, at that merry feast-time, the fiat of the Mighty One had issued, and one more of Talcott's friends lay dying at the Gates of Pearl! Indeed, only a few moments following the closing of the formal feast, the guests still mingling with each other, the message came that the great surgeon had breathed his last!

Perhaps this was the last poem, now given here, which fell from his pen:

"Look at my hair and see it silver-gray;
Look at my eyes, behold the dangling glasses;
Look at my ears, you know full well that they
Are not acute to every sound that passes.

"You knew me when these same old locks were brown,
With ears responsive, and eyes quick to see.
I recollect when you came up to town,
With letters introductory to me.

"A stripling then, from dear old Munger's care,
Turning with the Esculapian flame,
With slender body and with flowing hair,
Up to your Alma Mater's courts you came.

" Do you remember, then, that I was teaching
The new suspension for a fractured thigh?
The old straight splint of Physic was impeaching,
When you besought me, Munger's splint to try.

" Take down the worn old volume from the shelves,
Turn you to page five hundred ninety-five.
Ah! mem'ry then will tell us of ourselves,
Both you and I—Thank God we are alive!

" As retrospection stealeth o'er the years
To touch the men that lectured then to you,
Our hearts grow sad—our eyes o'erflow with tears;
So many gone—the remnant still so few.

" But I must play your Ganymede to-night;
And give this cup all filled with ruby wine,
In friendship's name from those who with delight,
Have watched your progress since you fell in line.

" Take it, old man, with all the love it offers:
Take it and keep it, for it tells a story,
Take it, 'tis better than o'erflowing coffers;
Take it resplendent with true friendship's glory."

" Golden-Rule " Talcott's response partook, as always, of his happy marshaling of facts, of figures, and of flowers. It was listened to in rapt attention, except when broken into and enthusiastically emphasized by applause. And at the close there was an ovation!

They had not forgotten,—the graybeards,—and the younger men had heard,—how Talcott had received the banner of Similia as a young man, full of life, ambition, purpose, vigor, love,—and ever since had kept it to the front.

They knew that Talcott had followed in Hahnemann's footsteps in treating the mentally ill with kindness. They knew, too, as all the State doth know, that Talcott had saved the State some forty thousand dollars over all expenses.

Can there be greater heights to scale for moral man than love of his fellows? What greater immortality than this—the love found graven in the hearts of those we hold most dear—whose lightest wish we cherish and obey? What is the printed glory but a name, a charm that lulls to sleep? But true love—love between brethren—affection of the living for the living—the one touch of nature which makes the whole world kin; a love not based on massive wealth or vast all-owning power; but on work well done, mindless of plaudits or of scorn, that is true immortality!

The homeopaths knew that, so long as Talcott was at Middletown, " our flag " was still there! And it is there to-day—bright and glorious, reflecting the colors of the rising sun, and listening to the booming of the sunset gun. It never will be lowered in confusion or dishonor—not while Talcott is sergeant of that color-guard!

Unusual writing this, truly, for a medical editor, who rests in tacit bond to furnish forth naught but a charnel house of bones, and tissues, nerves and microbes; to deal most learnedly of foul disease and ending-death. We are of that number who, as Dr. Biggar said at the Couch Loving Cup banquet, believe in placing flowers ere the cold and senseless clay dissolves. With

Biggar we believe it right and meet and proper to put a rose in the fingers of him borne down by the heat and burden of the day, or to whom the brunt of battle has been overlong, and who fain has thought his brethren care for him as naught. But the brethren do care! The true heart lies in every brother's breast! There may be born full many a rose to blush unseen of mortal eyes. But it is seen—of Him who knows and loves the honest heart!

It hath become so much the form to speak in stilted phrase and labored periods of the dead. Let us reverse this custom. Let us give our flowers now, and so give hope and valor for the further combat.

We love you, Talcott! So say we all of us! God bless you! May he keep you in health and activity for lo! these many, many years!

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ment; on Tuesday to find a left-over but strictly good assortment of Ovarian Operations; on Wednesday, it might be a half page of marked-down Treatments for Cervical Inflammations; on Thursday, newest Treatment for Avoidable Abortions; and so on for the whole week—from Appendicitis to Zoster or Zinc Ointment. This would attract attention and result in the filling of the pockets of the ambitious young man who cannot be a hospital interne or a practicing externe.

Any man or woman who engages in the practice of medicine for the money there is in it has hit the wrong profession. He or she could do better in the ministry—the Talmage order of it, at any rate—and not leave a single, blessed, red, copper cent at his death to any charity, secular or profane. A good physician and surgeon, who has served his proper apprenticeship of waiting and learning, does not need the aids of the patent-medicine venders nor of the gasoline-torch wagon to keep him in clothes and bread.

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An Advance Report of the Institute Committee on Revision of By-Laws.

The Committee on Revision of the By-Laws of the American Institute of Homeopathy have, as per instructions, prepared a schedule which will be found in the Secretary's annual circular.

As space there would not permit of a thorough explanation of the plan proposed we desire to present the same to the profession through the Journals, that all members may study and understand the plan before the meeting.

1st. The schedule has been arranged so that all meetings may be held within the week.

2d. It has provided seven hours for the general business of the Institute, which is ample time.

3d. It has provided one whole day, 6 1-2 hours, for the sole consideration of Materia Medica—the keystone of our faith, and without which we have no reason for our distinctive organization.

4th. It recognizes the fact that the majority of our members are general practitioners and that their rights must be protected. We have, therefore, provided for them 6 1-2 hours of Materia Medica and 1 1-2 hour upon each department of medicine, and in which practical rather than technical papers should be presented. They also have the right and privilege of attending any or all of the special societies they desire.

The Committee believe that any schedule providing for special societies alone should not prevail, because it takes from the general practitioner and adds to the specialist the benefits of membership. The Institute cannot publish in any way the Transactions of all the special societies and its own, without increasing its dues. This makes the general practitioner pay more than at present, and the specialist less, as it cuts off the dues of his special society. Under the proposed

schedule the Institute would publish its general business, statistics, etc., all the Materia Medica meeting, and the general scientific meetings held daily from 10.30 to 1.30, so that the Institute members would receive in return for their dues a volume of Transactions of about the same size as at present, while the special societies would be allowed to publish their own Transactions.

5th. This schedule gives the special societies what they want, ample time to hold their meetings during the week of the Institute and we believe will be entirely satisfactory to them.

Lastly. It does not saddle the expense of the special societies upon the Institute, which it cannot stand without increasing its dues, and we believe any increase of dues would greatly cut down our membership and in that way injure the life of the Institute.

THEO. Y. KINNE, Chairman.

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Report of Dr. T. Y. Kinne, of Committee on Revision of Constitution and By-Laws, American Institute of Homeopathy.

CONSTITUTION.

ARTICLE III.

Strike out the words "a Recording Secretary and," and insert after Treasurer, the words "and a Registrar."

Where the word "General," preceding "Secretary," occurs, strike it out.

BY-LAWS.

ARTICLE II.

Section 1. Strike out the words "the first of January following," and insert the words "at the close of the session at which they are elected, excepting the Secretary, whose term of office shall expire upon the first day of January following."

Sec. 2. Strike out the words "Recording Secretary" and add "They shall have power to fill any vacancies occurring in the election of officers."

ARTICLE III.

Strike out Section 4.

Sec. 5. Strike out the words "Recording Secretary," and insert the word "Secretary."

Strike out words beginning "the compensation for such services," etc., and insert "The compensation, and necessary expenses connected with such reports, shall be paid by the Institute upon presentation and approval of certified accounts."

Strike out Sec. 6.

Sec. 8. Strike out the words "There shall be elected annually a Registrar who," and insert the words "The Registrar."

ARTICLE VI.

To letter "C" add "Pedology."

To letter "D" add "Surgery."

Strike out Section 3.

Sec. 4. Add the words "Where special societies are concerned, they shall nominate two or more persons to serve as chairman, from which number the incoming President shall appoint."

Sec. 6. After the word "shall" strike out "serve on" and insert "be appointed to."

ARTICLE VII.

Committees.

Strike out Section 1 and substitute the following:

A. Organization, Registration, Statistics.

B. International State Committees.

C. International Bureau of Homeopathy.

D. Intercollegiate.

E. Drug Provings.

F. Medical Examining Boards.

Strike out Sec. 2 and insert:

"Committee 'B' shall consist of two members from each State, to be appointed by the respective State societies, provided such appointees are members of the Institute; the Chairman shall be elected by the committee."

Committee "D" shall consist of two delegates to be appointed by each College represented in the Institute, and shall appoint its own Chairman.

Committee "E" shall consist of five members, one to be appointed each year, and the term of service of each member in this committee to be five years.

The remaining standing committees shall consist of at least five members each, who shall serve for one year.

Sec. 4. Strike out words "Immediately upon the presentation and disposition of its report."

Sec. 8. Strike out words beginning with "present," ending with "time."

ARTICLE IX.

Section 7. Strike out the words "And the determination of the next place of meeting of the Institute."

Sec. 8. The selection of the next place of meeting shall take place on the second morning of the session, Sundays excepted, at 10 A. M. in the following manner: Nominations shall be made in open Institute and reported to the Executive Committee, who shall investigate and select three which, in their judgment, are most desirable.

The committee shall, in the month of October following, issue a circular to each member of the Institute descriptive of the various places nominated, together with a return postal addressed to the Secretary, upon which each member shall record his vote. The polls shall be open for thirty days from the date of mailing the circulars. The

vote shall be counted by the Executive Committee, and the place receiving the highest number of votes shall be the place for holding the next meeting.

Standing Resolutions: Strike out Nos. 2, 4, 5, 6, 8, 9, 12, 13.

PROPOSED SCHEDULE.

Monday.

4 P. M.: Opening Exercises, General Business.

5 P. M.: Public Exercises, President's Address.

Tuesday.

9:30 to 10:30 A. M.: Business Session.

10:30 A. M. to 1:30 P. M.: Materia Medica.

2:30 to 6 P. M.: All the Special Societies.

Wednesday.

9:30 to 10:30 A. M.: Business Session.

10:30 A. M. to 12 M.: Surgery.

12 M. to 1:30 P. M.: Neurology and Electro-Therapeutics.

2:30 to 6:30 P. M.: All the Special Societies.

Thursday.

9:30 to 10:30 A. M.: Business Session.

All the morning, from 9:30 A. M. and to 1:30 P. M., to be one General Session of the whole Institute.

All the Special Societies holding sessions at the same time and each holding meetings as many afternoons as they desire. Evenings free for rest and recreation.

10:30 A. M. to 12 M.: Obstetrics.

12 M. to 1:30 P. M.: Sanitary Science and Public Health.

2:30 to 6 P. M.: All the Special Societies.

Friday.

9:30 to 10:30 A. M.: Business Session.

10:30 A. M. to 12 M.: Gynecology.

12 M. to 1:30 P. M.: Pedology.

2:30 to 6 P. M.: All the Special Societies.

Saturday.

9:30 to 10:30 A. M.: Business Session.

10:30 A. M. to 12 M.: Clinical Medicine.

12 M. to 1:30 P. M.: Ophthalmology, Otology, and Laryngology.

2:30 to 6 P. M.: All the Special Societies.

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Society Meeting.

—At the meeting of the Maryland State Society the following officers were elected: President, Dr. G. H. Wright, Forest Glen, Md.; first vice president, Dr. J. Oliver Hendrix, Frederick, Md.; second vice president, Dr. L. A. Burke, Frederick, Md.; recording secretary, Dr. Barrett Conner Catlin; corresponding secretary, Dr. J. A. Evans; treasurer, Dr. L. R. Palmer; librarian, Dr. Wm. M. Pannebaker; neurologist, Dr. Donna Ann Waldian; bureau chairmen: Clinical medicine, Dr. H. M. Stevenson; ophthalmology, otology, and laryngology, Dr. C. L. Rumsey; materia medica and therapeutics, Dr. E. C. Price; surgery, Dr. J. C. Hendrix; obstetrics and gynecology, Dr. W. M. Pannebaker; sanitary science, Dr. Wm. R. Andrews of Rockville, Md.; nervous and mental diseases, Dr. G. E. Ewalt; organization, registration and statistics, Dr. H. B. Simmons of Chestertown, Md.; pediatrics and orthopedic surgery, Dr. F. D. McCarriar; board of medical examiners, Drs. J. A. Evans, G. H. Wright, Robert W. Mifflin, J. S. Garrison, C. F. Goodell, Thomas E. Seers, W. C. Karsner, E. C. Price. The fol-

lowing were elected to membership: Drs. F. H. Erb, H. M. Stevenson, H. H. Keich, Mary M. Dean, Emily F. Lideman, Florence L. A. Evans, Nathaniel Van West Wright.

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Globules.

—Dr. John Goddard, a Pulte "boy," of some years of age, however, has located in Cleveland on Crawford Road, with offices on Hough Avenue. We are glad to welcome him amongst us and hope he will meet with abundant success.

—We learn indirectly that the Missouri Institute of Homeopathy had a very successful meeting and that the occasion was one which cemented the homeopaths of Missouri. Several distinguished visitors were present and lent a varied interest to the occasion.

—Dr. C. E. Kahlke has a splendid paper in the current Clinique on the correction of a "dog-nose" deformity. It was an application of the paraffin injection method and proved most unusually successful. The paper describing the operation is excellently written and the two half-tone pictures are graphic.

—The Annual Circular of the American Institute of Homeopathy for the Cleveland meeting lies before us. It has varied the old form and is very conveniently arranged. The schema of work is excellent. It provides abundance of time for every section and has not forgotten the "quasi"-independent associations—which latter, we are disagreeably assured, do not exist. It was a masterful arrangement and will please all hands. Now come on, and note how good and how pleasant it is for brethren to dwell together in unity. We are ready for you.

—"The Transactions of the American Institute of Homeopathy" for the Richfield session has reached our table. It presents the usual array of papers and statistics and alphabetical list of members, some in SMALL CAPS. It makes a companion volume to all its predecessors. Immediately upon receiving the volume we wrote the several sectional-chairmen and members, for permission to print here and there a paper, following the delivery at the forthcoming Institute meeting. We found, however, that one of our contemporaries had got ahead of us in each instance, and, hence, the AMERICAN PHYSICIAN, and doubtless all the other journals, barring this one referred to, will have no Institute papers. But, we all of us will enjoy reading them in our friendly contemporary's pages.

—The Ladies' Hahnemann Monument Association, under the successful management of Mrs. J. T. Cook of Buffalo, has made its final report in printed book form containing its efforts, both in money and in poetry. Das Ewige Weibliche is visible on every page. In some places

there is much pleasure in showing the failures met with; in others are given the letters received from recalcitrant ones. But Mrs. Cook has done a noble work, and after her several years of unrequited labor deserves well of the homeopathic profession, and her name as an efficient worker in securing means for completing the Scott Circle monument will not soon fade out of the memory of the homeopathy-loving disciple here and everywhere. Congratulations and Best Wishes, Mrs. Cook!

—On his return from the Talcott Loving Cup festivities Dr. H. F. Biggar stopped off at Philadelphia to visit his daughter Sue, who is studying in the Pennsylvania General Hospital for trained nurse. The doctor found his daughter happy, rosy-cheeked, and contented; her patients idolizing her. During his stay in Philadelphia Dr. Biggar attended the graduating exercises of Hahnemann Medical College; from his view on the platform, where he was conducted by Dr. Williamson, he noted that the Academy of Music was packed even to the third gallery, the building seating about 2700 persons. It was a beautiful scene. The homeopathic physicians of Philadelphia are as proud of their college as the citizens of Philadelphia are proud of the Pennsylvania Railroad. The class of graduates consisted of fifty-six splendid looking and intelligent gentlemen, five of whom later introduced themselves to Dr. Biggar as coming from Ohio.

—At the Forty-seventh Annual Meeting of the Illinois Homeopathic Medical Association the following officers were elected: President, Dr. O. B. Blackman, Dixon; first vice president, Dr. N. Starr, Charleston; second vice president, Dr. Goodrich, Dixon; treasurer, Dr. E. C. Sweet, Chicago; secretary, Dr. Edgar J. George, Chicago; provincial secretary, Dr. Alice B. Brown, Chicago; necrologist, Dr. Wilson A. Smith, Morgan Park.

—The West Virginia Medical Society, at its last meeting in Wheeling, May 22, elected the following officers for the ensuing term: President, Dr. J. R. McCleary of Wellsburg; first vice president, Dr. Roth; second vice president, Dr. William Rogers of Bellaire; treasurer, Dr. Wilsey of Parkersburg.

The society will meet the second Tuesday in October at Marietta, Ohio, in conjunction with the Ohio Valley Homeopathic society.

The West Virginia Society is five years old and is in a flourishing condition in every respect. It has at present a membership of forty-five or fifty.

—The unanimity displayed by medical authorities in supporting the army canteen is something on which to reflect. The feeling cannot be avoided that legislation against the canteen was due to emotional arguments advanced by certain societies, whose intentions were worthy, but whose experience of actual conditions was far

from complete. Major Louis Seaman has done magnificent service in informing the public of the true state of affairs. It is to be hoped that wiser and more dispassionate judgments will prevail in future legislation.—The Med. Age.

—We note that the Detroit Medical Counselor has a number of original articles, expressly written for the Counselor, at least one of which has appeared previously in a homeopathic journal. And the offender is one who has no excuse for so doing, for he knows the law and the custom.

—All reports declare that the Forty-seventh Annual Session of the Illinois Homeopathic Medical Association was a pronounced success. The banquet at the Auditorium Hotel was a wonderful feature; the president of the Institute, Dr. James C. Wood, being one of the speakers.

—We learn that Professor J. E. Rowland, M. D., for several years Professor of Materia Medica in the Cleveland Homeopathic Medical College, has resigned his professorship. Dr. Rowland has been laboring under a good deal of disadvantage, as he resides some distance outside of Cleveland and the duties of his post were most exacting.

—Another professional brother is achieving fame and glory, and incidentally, perhaps, some few "plunks" by writing original articles for all the medical journals, over his august name, recommending a cod-liver preparation. Several of our contemporaries were caught by the bait, others were not. They either refused the paper outright, or took out the advertising line. "To what base uses," etc.

—The appointment of Dr. Edward G. Bodenbender of 660 Walden Avenue, Buffalo, to be district physician (homeopathic) on the East side, to succeed the late Dr. E. A. Fisher, was announced recently by Health Commissioner Walter D. Greene. The appointment was made from the civil service eligible list. Dr. Bodenbender passed the examination for the position, and attained a percentage of one hundred.

—Some of our intelligent contemporaries still eke out their lack of other matter by giving print-room to letters which speak of them as "the best journal which comes to our office." These letters are so frequently received in every editorial office that they are not regarded as novel, but the rather cause wonder as to what the writer is "fishing" for; and usually there is a personal motive back of the "soft-soap." If self-praise stinks, then printing that which is palpably of the self-praise order must accept the full measure of the axiom.

—It would seem that the Committee on Revising the Constitution and By-Laws of the American Institute of Homeopathy have been able to agree upon but one point—namely the obliteration of the office of Recording Secretary. The

majority report against the changes proposed by the Runnels Resolutions, while the minority report—Dr. Runnel's, of course—favors the passing of the Runnels Resolution. It was a wise move which printed and circulated these two reports a month in advance of the Institute sessions, thus giving everybody an opportunity to understand what is in the balance—and what must be faced at Cleveland.

—The following resolution, complimentary to Dr. Selden H. Talcott of the Middletown (N. Y.) State Homeopathic Hospital, was unanimously adopted at the Thirty-fourth Annual Meeting of the Homeopathic Medical Society of Kansas, in session at Topeka on May 7, 8, and 9, 1902.

WHEREAS, Dr. Selden H. Talcott has devoted his life work to the cause of Homeopathy in the treatment of the insane, and has just completed the twenty-fifth year of service as Superintendent of the Middletown (N. Y.) State Homeopathic Hospital, thereby ennobling the cause and advancing the school so as to command the recognition, not only of our adherents, but of the entire medical profession of the world;

Therefore, In appreciation of this fact, the Kansas State Homeopathic Medical Society congratulates Dr. Selden H. Talcott upon his successes, and felicitates the profession and the people of the State of New York on having this eminent man in their midst.

—An eminent physician now proclaims that the ancient and general opinion that the nose is an index to character is a fallacy. And it may be proclaimed with fully as much confidence that there is nothing which any eminent physician knows to be so that other eminent physicians do not know to be "aint so."—*Courier Journal*.

[And dat aint no lie! When our daily papers and others are filled with testimonials to all kinds of hell-dope and purgatory pills.]

—In looking over the Annual Report of a Homeopathic Hospital it seemed to us that the itemized report of benefactions from resident homeopathic physicians might well have been omitted, or appeared only in a lump sum. It was not difficult whatever to gauge a man's standing in the community, and in the college, by examining and pondering over the amount contributed by him to the hospital during the twelvemonth. The minuteness of this report, with its offensive suggestion of poverty or niggardliness, suggests the missionary idea of reporting each tract issued, each time prayer was made, every time the Rev. Chadband patted a probationer on the head, the immense number of begging letters sent out, how sent out, in open or sealed envelopes, every time the back kitchen door slammed, the number of old magazines given out, and the like other absurd trivialities with which so many of these perfunctory official reports are made up, or filled in.

—Dr. John E. Wilson, making a specialty of Nervous and Mental Diseases, is located at 23 East Forty-fifth Street, New York City.

—Dr. H. F. Biggar of Cleveland, and Dr. C. E. Sawyer of Marion, were the only Ohio physicians in attendance upon the Talcott Loving Cup services.

—Dr. Léon Simon of Paris wrote us a pretty little letter the other day, acknowledging receipt of our letter of introduction to him of Dr. Geo. W. Spencer of Cleveland, who had arrived there in pursuit of Post-Graduate studies.

—A young lady, in failing health, applied to a physician for advice. "Well," he said, as he discovered the poisonous compounds which had made her once raven locks a fashionable blonde color, "I would suggest a change of hair."

—To avoid appendicitis, carry a book without an appendix.

To avoid prickly heat, go to jail where you can't break out.

To avoid the grip, ride on a trolley car.

To avoid the gout, work for a dollar a day.

To avoid the blues, wear black.

—There is a man at the Pan who advertises artificial legs by walking about on a pair exposed to view from the knee down. The other day a curious and sympathetic old lady investigated this phenomenon. "Did you cut off your legs so as to exhibit them things?" she asked. The poor fellow assured her that his job wasn't worth so much to him as his own legs would be. Then, after further critical examination, she said: "Wa'al, I s'pose the feet are natural. They look so."

—Dr. Samuel Lansman of New York had an experience a short time ago which came near causing his death. The doctor had been called to attend the child of Alois Skinner, and found the patient suffering from cerebral meningitis and pneumonia. Everything possible to save the child was done, but death ensued shortly. The father hunted Dr. Lansman up and shot at and attempted to kill him. If this were the custom, the doctor would have to realize that the signing of a patient's death certificate would mean the sealing of his own doom, and a lot of good doctors would be turned into the world to make poor street-car conductors and bookmakers.—Ex.

—Professor Dr. Chas. C. True has resigned from the Cleveland Homeopathic Medical College; and also Professor F. W. Gurnee. Dr. True has been associated in the Cleveland college work for nearly twenty years; he has followed the fortunes of the homeopathic school during all these years, occupying the Registrarship during certain very critical periods; and he has proven faithful to his every trust. He will be sadly missed, and his place not easily filled. Professor Gurnee has made the comparatively indifferently

taught study of physiology his specialty, and had brought the subject up to a pitch of excellence as well as interest that was highly appreciated by the classes. Both these gentlemen were popular with the students.

—There is a singular tendency in English "medicalese" to resort to abbreviations and initials of various sorts, most of which are comparatively unknown among us, in spite of our alleged tendency to clip and shorten everything. For instance, a general practitioner is always referred to as a "G. P."; a house physician or house surgeon as an "H. P." or "H. S."; a case record of *tabes dorsalis* is headed with the mystic letters "T. D."; one of general paralysis of the insane, with "G. P. I." and the same contractions are habitually used in conversation. A unique combination of initials as a diagnosis indorsement is reported to be in vogue at University College Hospital. Whenever a case which is clearly serious enough for admission proves too complicated or difficult to warrant a precise diagnosis upon the hurried examination of the receiving-room, it is promptly initialed "G. O. K." and sent up to its appropriate ward for adequate investigation at leisure. The mystic characters signify simply, "God only knows."—Medical News.

—The Alumni Day Services of the New York Homeopathic Medical College and Hospital were held on May 8, at Sixty-third Street and Eastern Boulevard. We have before us the programme of the festivities, but beyond this have merely the statement of one participant in the day's jubilee.

Professor Helmuth made his last public appearance upon this occasion, and his speech at the banquet was doubtlessly his last public utterance, for even at this time he was complaining of feeling poorly, but persisted in finishing his task. Dr. George Royal of Des Moines gave a lecture with a *materia medica* clinic, showing the "Three Essentials for a Prescription." Dr. W. A. Dewey gave a talk on "*Materia Medica as Applied to Surgery*"—these two papers and demonstrations being the therapeutic side of the shield; while Drs. Honan and Wm. H. King did the other side—the pseudo-mechanical. There was a luncheon in the College Museum; then the Commencement Exercises at Mendelssohn Hall; a business meeting of the Alumni Association at Delmonico's; and at 7.30 the Alumni Dinner at Delmonico's. At this there spoke Helmuth, T. Y. Kinne, Augustus Thomas, and Marshall P. Wilder.

The reports reaching us are that it was a gala event and greatly enjoyed by all participating.

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Medical Progress

H₂ O₂ as a Deodorizer in Cancer of the Uterus.

BY GEORGE W. KANAN, M. D.,

Surgeon to Out-Patients, Free Hospital for Women, Boston.

The value of H₂ O₂ in washing out sinuses and abscess cavities has led me to use it recently as a vaginal injection in cancer of the uterus, and with gratifying results.

My cases have been few, but in each the characteristic cancerous odor was noticeable about the patient before the use of the H₂ O₂ (Medicinal Marchand's) and absent afterwards. In one out-patient case the fetor was so pronounced that the air of the room seemed saturated with it, the moment she entered. When I last saw her, in making an examination, no odor was perceptible a foot from the vulva, and only slightly so, close to it. In this case she had used the injection the night before, and a cancerous mass, as large as a man's fist, hangs in the vagina, within two inches of the vulva. This case has had palliative treatment in the hospital, by curetting, Paquelin's cautery, and chloride of zinc applications. When she first came to me the disease had extended over the whole anterior vaginal wall: since then the H₂ O₂ has been used, and the anterior wall is clear. It seems to me that the injections have had some curative action.

Further observation, of course, is necessary, but bearing in mind what Sir Spencer Wells says of cancer and cancerous diseases, that everything in relation to it is so important that nothing should be thought a trifle, and my material being limited, I venture to state the facts as they appear to me in this case.

Regardless, however, of any value it may have as a curative agent, its use as a deodorizer, and this without substituting another odor for the cancerous one, makes it of inestimable worth in adding to the comfort of the patients, where palliative treatment alone is all that remains.

The method of using has been to take about an ounce of the H₂ O₂ and an equal quantity of water, warmed by being placed in a pan of hot water, and injected through a soft rubber cath-

eter, so that the injection shall be sure to reach the back part of the vagina. Such an injection, once or twice a day, has been sufficient.

Gastralgia—Its Treatment.

Gastralgia is, for therapeutical purposes, divided into two groups by Professor Saundby (N. Y. Medical Journal). The first group comprises those cases in which pain occurs independently of eating, and the second group, those cases in which the pain occurs after food is taken. The treatment of the first class consists of change of scene, a sea voyage, or mountain air, and abundant food at regular intervals. The palliative treatment consists of iron, quinine, arsenic, nux vomica, and the mineral acids.

For the second class the treatment is, rest in bed, milk and lime water in sufficient quantities, say an ounce every hour. A nutrient enema of one egg, beaten up in four ounces of milk, to be given every four hours. The amount of milk should be increased with improvement, and if milk fails, from two to four ounces of lightly cooked minced meat may be substituted.

For the relief of the pain in both cases, Saundby gives morphia or heroin, but in a recent clinical report Professor Boone, College of Physicians and Surgeons, St. Louis, states that he finds one Antikamnia and Heroin Tablet (5 grains Antikamnia; 1-12th grain Heroin Hydrochloride) given as required, not only relieves the pain, but prevents its recurrence, much more satisfactorily than either heroin or morphine alone. In other respects he concurs with Professor Saundby in his method of treatment.

Tannoform for Sweating Feet.

Dr. Grumme, encouraged by numerous favorable reports, has tried tannoform in hyperidrosis pedis. Being in the military service, he had a rich material to experiment upon. Selecting those men who suffered from particularly severe sweating of the feet, the author treated them with

pure tannoform, dusting the powder freely into the stockings, which were put on after washing the feet and worn for twenty-four hours. The effect was unexceptionally excellent, the skin, coming in contact with the powder, assumed a brown discoloration and completely ceased to perspire. After some time the discoloration gradually disappeared, and after from three to four weeks the sweating recommenced, necessitating a new application of tannoform. No untoward results were noticed.

If tannoform is employed "diluted" with talc, the action is less marked and less permanent. The use of the drug in the form of ointments and alkaline solutions gave no results beyond more or less extensive blistering of the skin.



Arsenic in Woolen Underwear.

Dr. Soederbaum, Professor of Chemistry, University of Stockholm, Sweden, states that wool, even in its raw state, is apt to contain traces of arsenic, and that its presence in manufactured articles is not conclusive evidence that it has been employed in the process of dyeing. His explanation goes to show that the wool fiber is apt to absorb arsenic from solutions applied to the sheep as a preventive of or cure for skin disease. The arsenic is apt to enter into the very structure of the wool fiber and become part of it. This theory has been confirmed by Dr. Setterberg of Stockholm, a chemical expert, employed by the Swedish Government. While the amount of arsenic so absorbed is not apt to be sufficiently large to do much harm, yet the Swedish authorities exclude all woolen articles containing traces of arsenic, from import. We do not see how arsenic, which has become part of the wool fiber, is apt to do much harm in the form of clothing, except underclothing, where it might cause some irritation of the skin, resulting in rashes, a not unfrequent concomitant of wearing woolen underwear.



Saint John, New Brunswick, Illustrated.

"Saint John, New Brunswick: Its Cool Breezes and Enchanting Scenery," is the title of a booklet received from the Tourist Association of St. John, New Brunswick. Much valuable information for the tourist is contained in this booklet, as well as good maps and beautiful illustrations.

Copies will be mailed free to any address on

application to Charles D. Shaw, Secretary New Brunswick Tourist Association, St. John, N. B.

"The Cow Pea" is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society at Southern Pines, N. C. This book, neatly bound and illustrated, in plain and concise manner discusses the value and uses of this important crop, the Cow Pea. Every reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

—Polk's Medical Directory man was in a Texas city a few days ago, in the interest of the work, soliciting, correcting his lists, etc. On being asked how he classed "osteopaths," "drugless doctors," "magnetic healers," "absent treatment," and "Christian Science healers," he remarked: "They give no medicine, are not doctors; we do not put them in our directory. Our directory gives the names of physicians who treat diseases from a rational and scientific standpoint."

—The Lackawanna Road will afford its usual excellent facilities to Eastern physicians this year attending the Institute at Cleveland. The management of this road has the happy faculty of appreciating the value of small details which are, nevertheless, so often overlooked or ignored, and which mean so much to the traveling public. The club meals served on the dining cars are a temptation in themselves to prompt the selection of this road in preference to any other. These meals are excellent in every respect, and withal most reasonable. An eminently satisfactory dinner, equal to New York's most famous restaurants is served for one dollar, and, for a very much less expenditure an appetizing repast is offered.

—Sold Wrong Medicine; Fined Fifty Dollars; Drug-store Manager Suffers for Giving Substitute to Customer.—In Special Sessions before Justices Wyatt, McKean, and Hinsdale, Clarence D. Bowman, a director of the Lewis A. Bates Co. and the manager of their drug store in No. 739 Sixth Avenue, New York, pleaded guilty to having violated section No. 364 of the Penal Code in using another preparation in place of essence of pepsin manufactured by Fairchild Bros. & Foster in filling prescriptions calling for the latter preparation. He was fined fifty dollars.

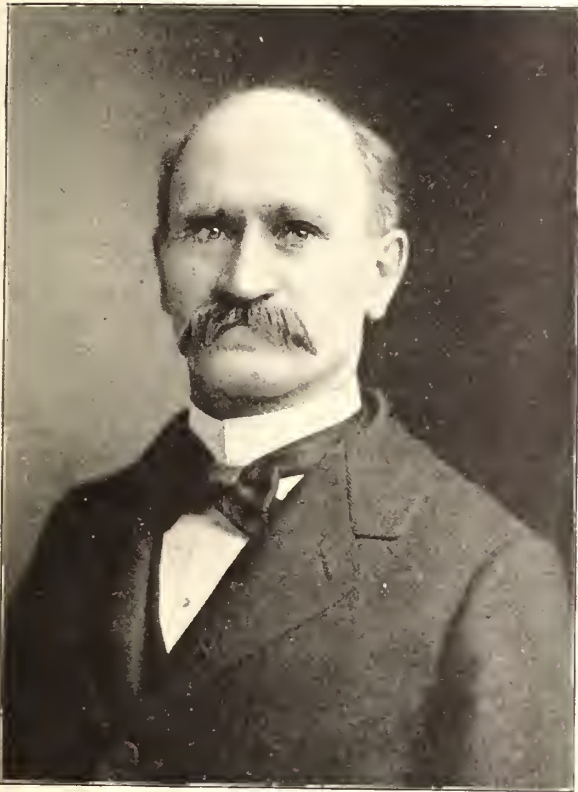
It appeared that, on several occasions when physicians had prescribed Fairchild's pepsin, Bowman had delivered the imitation mixture. Bowman said he was sorry for what he had done, but had no excuse to offer. In imposing sentence Justice Wyatt said that the offense was a most serious one, and that a heavier penalty would have been imposed had not the injured firm recommended leniency by reason of its being the defendant's first conviction.

The American Physician

JULY, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



CHAS. GATCHELL, M. D.,
CHICAGO

THE AMERICAN INSTITUTE.

WE the people of Cleveland, think that the meeting of the American Institute of Homeopathy in our midst was a success. True, our self-interest may have blinded us, or our presence as host may have caused our guests to be careful how they spoke except in complimentary vein; but all that granted, this editor had a possibly uncommendable habit of "snooping" around to hear the tattle, and note whether there was any dissatisfaction, and barring the price of beer, which one hotel put at ten cents a glass, he heard no serious complaint. And in

this matter, a shameful and transparent gouge, it occurred but once in each case, there being excellent facilities for lubricating that nut-brown thirst in the near neighborhood of the gouging hotel at the usual per. It was taken as a warning never to drink—in a hotel saloon. In one or two instances we heard of hotel extortions; but one always hears of these in every convention, and they amount to the usual thing when investigated, namely, the discomfort of the complaineer when away from his own home. People who travel once a year sometimes forget that there is only one home where they can run things according to their own sweet will; and that, when they go away from their bailiwick, they must expect to resign that individual comfort and accept of the public comfort, which, like made-to-wear clothing, while covering one's nakedness, does not always fit with the exact nicety of the tailor-made gown. The weather was ideal, even for June. There were occasional flurries of rain in the early morning, laying the dust and cooling off the atmosphere; and on the last night, Friday, it rained after supper—Cleveland still has supper at six o'clock and dinner at twelve, though we no longer, in our principal hotels, ring a dinner bell or sound the gong, or put out the cat, read a chapter and lock the front door at ten o'clock.

There was visiting done to all parts of our beautiful city by the visitors, singly and in companies. There were many trolley rides, some boating, a good deal of automobiling and bicycling, and others enjoyed themselves in walking through the business parts admiring the window displays, as well as our many handsome buildings.

* * *

THE OPENING EXERCISES.

THE public exercises took place with much enthusiasm and were voted a complete success. Long before the hour set for the opening, the large hall in the Chamber of Commerce was well filled and ready for the formal opening. The flowers and decorations were simple, but elegant, and tended to the beautifying of the stage without marring the view-point or the hear-point. On the stage sat between twenty and thirty of the Institute's prominent men and

ex-Presidents. The chairman, Dr. Hooker of Hartford, called to order and at once proceeded with the ceremonies. There was some fine music by Miss Nellie Belle Jones, then came the several addresses of welcome and response. Tom Johnson, the national figure, and our popular mayor, was introduced and found his way to the hearts of the audience by the tactful shortness of his welcoming speech and his direct compliment to the ladies. Dr. Gaius J. Jones, Chairman of the Local Committee, made a somewhat lengthy address, but it was filled with telling points for homeopathy and for the Institute. He recounted the several efforts made to secure the annual meeting of the Institute for Cleveland; he outlined the importance of our city as a commercial and manufacturing center; and as the mother of the second oldest homeopathic college in the world. The response of Vice President Hooker was one of the star speeches of the session. All this was followed by the Presidential Address by Dr. James C. Wood.

* * *

THE PRESIDENT'S ADDRESS.

DR. WOOD'S Presidential Address was a scholarly and finished effort. He reviewed the problem before the school to-day, handled it in a cool, dispassionate manner, and carried his points in every instance. It had one fault—a most grievous one—in that, though being the chief event of the evening,—it was left to the last, when the general public, not the medical public *per se*, was sated with eloquence, tired with music, and the hour had grown late. It should have been given the first place. It reminded us very much of some of the official notices which had been sent out during the year, in which Dr. Wood's name as President seemed to have been added as an after-thought, and hurriedly squeezed in with a groove-director. Some criticism was indulged in by a few people, who with the usual perspicacity of an audience when they listen to a long address, picked out here and there a few words or a line or a paragraph, and criticised the whole by that one part. Thus the charge of dogmatism as against Hahnemann was alleged of Wood's address. Wood was also charged with a wish to carry homeopathy into the old school, of erasing the word Homeopathy everywhere, and, in general, to throw down the homeopathic gods and substitute the specialist idols. It happens that, as Committee on Press in the Local Committee, we had that address in our possession for three days and studied it most carefully in order to condense it within the compass of a newspaper article; and nothing treasonable as to Hahnemann or the homeopathic school can be found in any page of it. The paragraph on dogmatism, and mysticism, and unthinkable hypotheses has been raised into publicity by selecting it for criticism; and all the other several

hundred paragraphs extolling Hahnemann, his efforts, and his works ignored! That he calmly reviewed the homeopathic situation and pointed out here and there where there might justly be found weak spots is to be admitted; but what is an address to be, anyway—a mere hypocritical hurrah for We, Us, & Co.? We admired his directness in getting at the paramount facts. He saw the opportunity to tell the truth as he saw it, and accepted it. It is the height of nonsense to expect a specialist to come down to the level of the homeopathy of Hahnemann's time, with its spirit-like force and its infinitesimals. A specialist is a materialist *per se*. We do not agree with Dr. Wood in all that he said in his address, but the right to criticise continues one of our inalienable rights as editor and as an American citizen. Dr. Wood was above the small hypocrisy of quoting the LAW in every other line to show what a good homeopath he is. We can honor a man for standing by his colors, though those colors may be an eyesore to us.

* * *

THE RECEPTION AND BALL.

THE entertainment furnished by the Ladies' and the General Local Committee seemed to satisfy and drew many praises from all who participated. The reception, ball, and banquet at the Colonial Club up on Euclid Avenue, near Bell Avenue, next door to our residence and parish practice office, on Wednesday night, given by the President and the Local Committee were, even if we do say it as hadn't ought to, a "swell" affair. The spacious rooms and parlors of this elegant clubhouse were crowded with the guests and their friends. More would have come to this function but for the fact that politics, which are not in the American Institute, kept a good many workers away. For on that morning the nominations had been made, and on the morrow the elections—that corner-stone of our edifice—would take place. So these faithful instituters, instead of dancing and banqueting occupied themselves in making strong the machine—which does not exist—for uprooting and overturning the old Institute, and so changing its political complexion that its best friends will not long be able to recognize it. Life, in a professional capacity, becomes decidedly unpoetic when it is necessary to attend a meeting of the oldest medical body in the world, at great expense of time and money, take no part in that for which that body is organized and presumably kept in existence, only to sit in groups and cabals and caucuses and make and unmake slates and thus seek to control the elections—without which the Institute, as some have thought and said, would be considerably more ready to do medical and homeopathic work and engender far less of hostility and personal animosity. Some of these faith-

ful unpolitical workers have not been known to read a paper in any of the sections or take any part in any medical discussion for years. Their attendance as in their membership seems based upon the "fun" they can get out of election politics, tinkering the Constitution and By-laws, setting life-long friends by the ears, and electing their machine-made candidate.

* * *

BUREAU REPRESENTATION.

THE attendance at the bureau work was one of the encouraging signs of the meeting, and gave courage to the old hands that, if only the politics could be eliminated, the dear old Institute might yet be rescued from the Saracens. Perhaps the Institute will find a way to rehabilitate itself. Kahlke with Surgery, Cobb with Obstetrics, Menninger with Materia Medica, Rand with Pedology, Biggar with Gynecology, King with Neurology, and other of the old-time sections had no occasion for complaint. Those sections in especial which had been anticipated by the independent societies were surprised by the generous attendance and interest taken in the later Institute sections. The argument that the independent societies, in truth, represented the feeling of the specialists in those independent specialties will no longer avail; for the Institute sections were just as well attended and equally successful.

This was especially true of Gynecology. This proved to be one of the sections of the Institute this year; it was that section which a few well-intentioned, but badly policed, members tried to throw into the omnivorous maw of the Surgical and Gynecological Society at the beginning of this year. It failed, of course; and we permit ourself a few congratulations on the fact that we had somewhat to do with stemming that stampede. For a good many weeks, under the pernicious activity of certain overzealous members and much letter-writing and whooping-up of non-political and innocent members, this section hung in the balance, as to any meeting as an Institute section at Cleveland. The fire of the opponents seemed to have concentrated upon Gynecology and upon Biggar. And but for the determined stand taken by Biggar and Norton and a few others, there would have been no section in Gynecology of the Institute at Cleveland. Hence, the fact that this section was so pronounced a success, viewed from every standpoint, should fill Dr. Biggar with justifiable pride and satisfaction. He presided over a body of men and women, at no time less in number than had attended the special society some days preceding. His audience at all times contained the best and ablest men and women of this specialty. His programme showed forth the names of those who are become as household words in homeopathic gynecology, many of

whom have taken on international prominence. Dr. Biggar had prepared a souvenir programme for the occasion, containing the half-tone portraits of the various members and contributors to this—alas!—the last session of the Institute Section in Gynecology. These little souvenir programmes were bound in durable form, very pretty and convenient, and will long be referred to in token of this successful, though final meeting in Gynecology under the name of the American Institute of Homeopathy. Considering the former lack of harmony in Cleveland, and the "stiff" fight made by each upon the other faction in times now happily past, it must be regarded in the light of a high honor when Dr. Biggar was advanced almost unanimously to the First Vice Presidency. At the Memorial Services he was selected as one of the speakers in honor of his old friend Helmuth, on which impressive occasion he delivered a beautiful word-token of his regard for the departed surgeon-poet. On one evening the Senate of Seniors accepted his hospitality and sat down to a banquet at the Hollenden Hotel. Together with Mrs. Biggar he gave luncheons, and dinners, and drives, and in other ways, as did others of the Local Committee, added to the material comfort and pleasure of the visitor within our gates.

* * *

THE BY-LAWS REVISION.

THE chief labor of the general Institute at Cleveland, apparently, was the Revision of the By-laws and Constitution; and, next, the election of officers. Some of the older members attended the sectional meetings and got a good deal of value out of them. But, oh, the consistency of the constitution-fixers. After much travelling the mountain brought forth—a muss. Indeed, yes, it was a muss. The Committee, under the chairmanship of Kinne, reported each morning from hour to hour what had been agreed upon, but were most persistently hindered and obstructed by pismire interruptions and objections on the part of a few, who seem never so happy as when listening to their own voices and nearly sawing their heads off in emphatic eloquence; or when raising possible or impossible objections—it does not matter which—so long as the fellows on the other side are making the proposal. At length the Committee completed its thankless task and wearisome report, all of which had been item-atically and collectively carried by the necessary, legal two-thirds vote. And what was the result? The Institute has become a double-barreled institution—one barrel containing a few harmless, homeopathic bureaus; and the other the big barrel, for the specialist societies. In effect, it is the Runnels Revision. It threw out the office of Recording Secretary with a vim and a vigor that seemed to imply a cause not apparent. It was obliged,

however, to lay over for another year the form of publication of the Transactions, because those who favored the journal-form, finding themselves in some inexplicable way, in the minority, cleverly turned the trick by laying it on the table for a year. Now note. After the Institute had declared that there was no longer any office of Recording Secretary, it deliberately turns about and elects J. Richey Horner, Recording Secretary!

Noting this peculiar inconsistency we appealed to a high authority in the Institute, and were informed that the changes in the Constitution and By-laws would not go into effect until next year. Therefore Horner's name had gone in unchallenged and he was elected as Recording Secretary. But when it came to the appointing of Chairmen for the next year, the President announced that the Committee on Medical Literature and others had been abrogated and that he had but four bureaus to appoint, as the revised Constitution and By-laws left him only that number! So that the By-laws *did* take effect with this meeting for some purposes, and did *not* take effect with this meeting for some other purposes. Elastic, to say the least. We have not always agreed with Wilson Smith, do not now, and perhaps never will, but that is not saying that our sense of justice and fair play was obtunded or wholly destroyed. It looks as though someone had deliberately played horse to get him out of office and to get someone else in without opposition; that the name of Horner was kept on the ballot merely as a compliment to a Local Committeeman, and it was the proper thing for the visitors to give the Local Committeeman a complimentary vote. Whoever devised that scheme was a schemer from 'way back. It proved most successful. No one else took the trouble to get the requisite number of ten recommenders for an office that either was, or would be in a few hours, out of existence by virtue of the revision.

Someone has said that ninety-nine per cent. of the membership, who listened to the speeches and voted with the mover of the last motion, or with the man who made the loudest protest, or told the funniest story, or wagged his head the hardest—do not know the present status of those same By-laws. And it is not unlikely that some of the "corpse" of reporters will be as badly bulled-up on the result of the Revision when they come to transcribe their notes as indeed they were last year on the place of meeting.

* * *

THE ELECTION.

IT was a bit of puerile absurdity for the Institute membership to be so dull, or so careless, as not to know how to vote the Australian ballot. Yet it is a fact that Chairman Kinyon, of

the Election Committee, reported that a number of ballots cast for President were improperly marked—the cross being put in the wrong place. And, even on the second ballot for President, the same mistake was made by at least six, and these ballots were thrown out. We have no doubt that this same blunder caused us to be left behind in the race for secretary—namely, the putting of the cross in the wrong place. There ought to be a committee appointed, or a sort of lodge of instruction instituted, to show the membership how to vote. This doesn't, of course, mean those special lodges of instruction which sit in labor all night, and have fragrant refreshments and cigars served out to beguile the remaining hours. There was a poor arrangement for voting, for one thing. We know of several votes that were lost because the members did not care to climb up into the hay-loft and stand in line, packed and sweating and impatient, like the bread-line in one of the popular novels, to deposit a ballot that made no special difference to them in the result. The ballot-box, if placed in the main corridor of the Chamber of Commerce, would have been accessible to all, and very soon the ballots would have been deposited. And, since the election of officers is become the chief labor of the annual meetings of the former American Institute of Homeopathy, we would suggest one addition in the interest of expedition: *i. e.*, divide up the alphabetical list into a half-dozen parts, and give one part to each of six members of this committee; so that, when A comes to the rail, his name will be taken care of by the clerk or committeeman having that initial; and the other letters of the alphabet the same. In view of the mix-up on the first presidential ballot, Kinne proposed that, hereafter, a majority vote shall be taken as the vote; this may solve the problem.

And still there may be some people so dense even in this enlightened day who do not understand the difference between a majority and a plurality. If four men, for instance, should run for an office, and one man receive, say, 104 votes, the second, say, 98 votes, and the other two each receive 130 votes, which of these would be declared elected?

* * *

THE POSTAL-CARD VOTE.

A PROVISION in the By-laws distinctly declared, in order to avoid the usual confusion and resulting dissatisfaction in the selection of a place of meeting, that at a certain time, offers of places should be received. That these should be submitted to the WHOLE membership in October by postal card, and their wishes consulted. But bless your heart, dear brother of the Institute, you 1500 who have no rights except to pay your annual dues, after Norton and Walton had put a number of places in nomination, it was found

that this postal card by-law was a mere resolution which could be suspended and the old form of nominations from the floor and ballot, then and there, substituted. And this was done! Now this is not to say that Boston or its environs—to-wit Nantasket Beach—was not an excellent choice, for it is a most excellent selection; but it does say that this leaves the door open for any hurrah-speaker to foist upon the Institute another Toronto, or any other place, which the Institute may not have especially heard concerning, and afterwards to find it absolutely necessary to cancel. Has the Institute not yet learned that the man who speaks last, or who has the loudest voice, or tells the funniest story, as a rule carries the vote? Must the whole Institute be always at the mercy of a handful of hired orators? The Constitution and the By-Laws! Rats! We are the Law! Laws are made to be broken. We did this recently in a Republican caucus, in thus and such city. The majority rules. What are you going to do about it? If you don't like the way we run the Institute, you may resign and start a little Institute of your own! Porter was right in his defense of the general practitioner who cannot attend the meetings, who pays his five dollars annually, and ought to have some rights. How long do the specialists expect the 1500 general practitioners, who cannot be present, to suffer in silence the dictation of the 250 or 300 specialists who have abundant time and means to attend every meeting? Why is the majority that is present so afraid of an honest submitting of certain questions to the whole Institute? Are the 1500 who are absent all dishonest and unworthy of trust? Shall it always be, as to them, all taxation and no representation?

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DISTRUST AND DOUBT.

THIS meeting in its general sessions was almost a counterpart of the Richfield meeting. The same forces were at work. Anything that Porter or Norton or Custis or Cobb proposed was viewed with suspicion. If Porter or Norton had offered a resolution declaring that twice two made four, it would have been held up and referred to a sub-committee to examine if there was not somewhere a concealed string. From all this let us be understood as excepting the President, Dr. Wood. There was never an appeal from his rulings. Repeatedly suggestions were handed to him, in blue pencil, writ large enough to be seen ten feet away, but he stood by his honor and integrity and refused to be swayed even the thousandth part of a line. He had several bad quarter-hours to fill; but he filled them with credit and satisfaction to all. But the Richfield machine was doing business at the old stand.

IS THIS TRUE?

PERHAPS, after all, this disintegration is but the natural result of the years of indifference to the wishes of the Institute, in giving all the chairmanships and appointments to a few favored ones, whose names seemed to have been the only accessible ones in the medical directory. If the favored member was not made chairman, he was sure to be found in the section before the programme was printed. Remonstrance against this transparent injustice and repeated pleading for the young and new member seemed unavailing. Now the young and new members have taken matters in their own hands, and having found that a majority vote can change the very ends of the earth, are making the laws and the appointments, and the old stand-bys are being laid up high and dry, on the shelf. There is but a modicum of comfort in the frequently heard assertion of the older ones,—the defeated ones,—that the real Institute, the original Institute, those men and women who write the books and teach the classes, are in the same category of defeat; that it is no disgrace to go down before a political and not a medical majority; that it is a demonstration of the power of the wire-puller and the unprincipled politician, as against the honest, upright Institute member, who believes in that Institute as a great power for good and for homeopathy. When these self-satisfied ones calmly review the conduct of the majority at Cleveland, and at Richfield, and multiply this with the immediate possibilities, what will there be left of the original Institute? not even its half-century-old name. Some few believed that even the name of Homeopathy would be stricken out this year. If the real Institute, composed of those men and women who have always stood up far front in the church of homeopathy, and to whom every homeopath everywhere was glad to do homage, because of their homeopathy and because of their medical success—if this body of men and women do not learn the lesson of fighting the devil with fire, and very soon at that—it may be everlastingly too late for any tactics other than those of dishonorable surrender and inglorious withdrawal.

* * *

WHAT IS LEFT TO THE HOMEOPATHS?

THE American Institute of Homeopathy now consists of four bureaus which could be compressed into two without breaking any of their ribs—and a number of no-longer independent sections in specialties; each of which latter is its own boss, in every conceivable thing save the paying to the Institute annually of five dollars. To this complexion have we come at last. Dismembered and bleeding, the remnant homeopaths essayed to stop the absolute destruction; but they were met at every point, and defeated.

"We can't do anything," was the cry: "if we don't give them what they ask for, they will secede in a body and be lost to us forever." And if that deplorable thing had happened there would never again be any surgery or gynecology or eyes-and-ears, or obstetrics in the Institute! Nothing but unthinkable hypotheses, dilutions, and high-potencies. For with the secession, all these modern things would leave us and forever! This handful of well-coached and primed voters—not to exceed 250—were able to dictate to all the rest, residue, and remainder of the Institute, the other 1800 members, what should or should not be done. So now we have peace! Blessed peace! We have a working majority, which will be ever ready to duck when someone cracks the party whip!

And this handful of specialists who have succeeded in overthrowing the Institute are now satisfied. Sir? Go to! They give us the laugh. What care they for the homeopathic Institute? They know that the articles of secession were carried not because the present Institute membership was willing, but because the Institute could not help itself. They have made their great point, namely, the lopping-off of that extra five dollar membership fee; they have accomplished their absolute freedom to do as they like as specialists; and they have the power to do or undo anything or everything that may be offered or urged in general sessions, not because it is right or wrong, but only because someone has proposed it in caucus and argued its needfulness from a party view. Hereafter it is a matter of politics, not of homeopathy; a matter of political dictation, not of the right or wrong of the thing *per se*. Is this the wail of the pessimist? Look at the problem which confronts us as homeopaths. Everything lost but four bureaus. The Institute of Hering, of Dake, of Talbot, of Helnmuth, of Talcott, of Lilienthal, of Ludlam, of Valentine, of Allen, of Orme, of Cowperthwaite, and that immortal list of living and dead homeopaths trampled underfoot! The Constitution changed and the By-Laws twisted and mutilated. After a year of painful and thorough study, the Committee on Revision brought in what was surely a fair, if a compromise, report, and at once began to bring the report before the general sessions. From day to day every paragraph was carefully read, studied, and acted upon, and carried by the legal two-thirds vote. And the whole report, as amended and separately carried, again adopted. Now the By-Laws were cased in armor of proof. Sir? Behold! at the last moment, less than ten minutes before the eloquent Hooker dropped the gavel in final adjournment, Peck proposed another amendment looking to the creating of the office of Assistant Secretary at two hundred dollars per year; and a still further proposition to change the method of nominating the officers. Then Newton of Somerset proposed his own method of nominating officers. True, no harm was done at this

meeting with these proposed amendments. But will ye kindly tell the membership what had suddenly gone wrong between Thursday noon and Saturday forenoon, which called for renewed changes in the By-Laws? Had the wrong men got into office? And must new By-Laws be made in order to keep the offices within the grasp of the now twice victorious majority?

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THE NEEDLESS OFFICE REINCARNATED.

ONE of the arguments against the retention of the office of Recording Secretary was, first, that the General Secretary could, with but little additional labor, employ the stenographers, and thus keep the record within the hand of one man, instead of two or more. And, since it was probable that the sectional plan proposed by Ruunels would cut off all the sections from the Institute, and each such section thereafter have its own officers and secretaries, there would be less than half the former duties resting upon the General Secretary. Hence, there was no good reason for continuing the needless office of Recording Secretary with its several hundred dollars of expense. Behold, all these things happened! The Institute first threw out the office of Recording Secretary with its two hundred dollar salary as needless and useless; it passed the sectional plan reducing the Secretary's work more than one-half; now it is asking for a return of the same officer, under a new name, but with the same duties and the same salary. Will anyone explain what that means, if it does not mean that the majority have become bold and brazen, and will force anything down the throat of the Institute that it may conceive to be to their own personal best interests? Is this honorable—but why talk of honor? This is politics. Honor has nothing to do with it. And homeopathy still less. Vote that office down!

* * *

LOOKOUT MOUNTAIN.

CHARLES EPIGRAMMATIC WALTON, of "the United States of Ohio," got up during a 105-degree-temperature passage-at-arms, in the general sessions, when the next place of meeting was under vigorous fire, and moved toward the rostrum to make a proposal. As soon as he was seen there arose from various parts of the audience, "How about Lookout Mountain?" Catch him asleep—this Walton? Not much! "Lookout Mountain," he said in that full, round, easily heard and understood voice of his, accompanied by the perennial, good-natured smile, "still stands a lonely sentinel above the clouds, guarding the beautiful valley of the Tennessee, and—there let her stand. I rise to put Milwaukee in nomination." But even Walton, with all his good nature, and apt stories, and

fine voice, was unable to stem the tide of votes which was present and ready to do anything from disremembering the old Institute to electing for officers. Milwaukee, with the other nominated places, went down before the vociferous "aye" upon the motion from the floor to select Boston "or near-by Nantasket."

* * *

A PRETTY INCIDENT.

IN this connection there occurred a pretty and memorable incident. Hooker, who had put the motion to take the Institute to Boston, "or near-by Nantasket Beach," was in charge temporarily of the gavel, and was stating the motion, when Kinne asked how near Nantasket—the "near-by" place—was to Boston. Quicker than it takes to write it, and while stating the motion, and above the confusion and enthusiasm, Hooker said, "As near as you are to the hearts of the Institute." It was a wonderfully sweet thing for anyone to have said after sufficient meditation; and it was all the sweeter, coming as it did, impromptu, without a moment's deliberation, in the heat of an acrimonious debate, from the proponent of an alleged unconstitutional motion and while answering his opponent. The round of enthusiastic applause which followed this beautiful repartee—this compliment to the Institute's greatest diplomat and most ardent lover—brought the roses to Kinne's face, and when he rose to bow his thanks, those who sat nearest him declare that there was a suspicious moisture in either eye.

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HOOKE OF HARTFORD.

AND that same man Hooker of Hartford, the First Vice President of the old Institute, made a wonderfully fine presiding officer, when he was given the gavel, or in the temporary absence of President Wood. He was cool, self-reliant, ready, and correct. And he never forgot, for one instant, to repeat the motion clearly and succinctly upon which the membership was called to vote—and this, by-the-bye, is the chief excellency of a presiding officer. With no reflection whatsoever upon the successful candidate for the presidency, whom we love and for whom we voted, we but echo the belief of a great body of the voters that the Institute would not have made any mistake had Hooker of Hartford found the marshal's baton in his knapsack.

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BECKWITH AND SANDERS.

ANOTHER incident, but pathetic in the extreme, was that which occurred in the materia-medica section when Beckwith rose to

debate on Aurand's excellent paper. The usual cry of "Louder!" greeted this well-known homeopath of Cleveland, and for a moment disconcerted him. But he said, presently, that his audience must bear with him as best they could, as he would likely never again be with them. This was promptly interpreted, and instantly there rose from all sides a chorus of "No! No! No!" It was not long, however, before his clear voice could be heard in every part of that execrable non-acoustic hall. His argument was fine, and showed no lack of youthful fire and vigor. He was the same ardent, homeopathic Beckwith that the profession has always known and loved. He showed no signs of decrepitude or on-coming age. And this is true of another wheel-horse of homeopathy in the United States—John Chapin Sanders of Cleveland. He was the chief speaker at the Memorial Services on Friday night, and well did he acquit him, in this delicate and beautiful task. If these two—Beckwith and Sanders—have added any age it is not apparent. Their intellects are as bright, their bodies as straight and strong, their step as elastic as always since ever we have known the twain. May they continue the same brave champions of the good, old homeopathy, for many, many years! So say we all of us. *Selah!*

* * *

SOME OF THE ENTERTAINMENTS.

THE Local Committee of Arrangements, headed by Dr. Gaius J. Jones, aided and abetted by the Ladies' Committee under Mrs. H. H. Baxter, did its work well in the way of entertainment. So far as we know everything scheduled was "pulled off" on time and without disappointment. The reception, ball, and banquet have already been mentioned. Mrs. Wood had a tea at her residence in which the flower and loveliness of the lady guests was dominant, and the very best of feeling engendered. Mrs. Biggar gave a breakfast at the Hollenden to the lady guests, followed by a drive to the Rockefeller estate—and a visit through the Oil Magnate's house and landed possessions—a large concession at any time. Mrs. Frank Kraft gave a Reception at the Sorosis parlors in The Arcade to the ladies of the Meissen and the Sorosis and Women's Federation members, which was well attended and proved to be a means to a closer acquaintanceship and friendship among those who were present. Dr. Jones gave a dinner to the Intercollegiate members. The local college had several dinners to the alumni of their own school, and to the Alumni Conclave, which was one of the special features of this session of the Institute. On all hands there was hospitality, individually and collectively, from the local profession.

FISHER OF MONTREAL.

FISHER was there—Fisher of Montreal—with the same hat perched on his cane, the same eye-shade, and the same air of being asleep throughout the meeting. But he wasn't. He has a most remarkable memory for voices. We heard him call several persons by name whom he could not see at the time, and he said he did so by his memory of their voices. We were speaking with Dr. Peck about the number of members recently registered, when Father Fisher said, "That is Dr. Kraft, is it not?" He remembered us from our conversation with him at the International Homeopathic Congress at Paris. He was at Cleveland loaded down with an armful of printed reports of his speech made at the Paris banquet, but which he had there delivered in French. Talking about elderly folks and the Paris Congress reminds us to ask what has become of Nancy T. Williams who was at Paris in 1900, and of whom we have not heard since. The Institute ought not to forget our sister, who was so kind in the matter of funds to that Hahnemann Monument. The other Fisher will be rejoiced to learn that a general practitioner has been elected president.

* * *

OUR LADY GUESTS.

A NUMBER of prominent ladies attended. There were Drs. Florence N. Ward, Sara J. Millsop, Flora Watson, Evelyn S. Pettet, and others whose names are not suggested at this instant of writing; but we failed to meet Dr. Cora Eaton of Minneapolis, who was promised to be here. Mrs. Joseph T. Cook was here, and shared with the other members of the Hahnemann Monument Committee the honors of having expedited the final liquidation of the financial part of that gigantic undertaking. Her book, issued as a souvenir of the labors in which she and her sisters engaged, is a charming reminiscence of that occupation.

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THE PRESS FACILITIES.

IT may not be amiss to call attention to the kindness of the Cleveland morning papers—Plaindealer, and Leader—in noticing the meetings from day to day. There was never a day when a whole column was not at our disposal in each paper, and sometimes more. They gave half-tone pictures of the membership, and on one morning added an editorial welcome. The space of these papers was very valuable to them during this week by reason of many other matters of equal and, perhaps, to them, of greater value than the mere doings of a homeopathic convention. We have not closely studied the

revised By-laws to note whether the press committee, as well as the committee on Medical Literature, had been thrown out. But if it be still in existence we would suggest to the next local committee that they insist upon the Institute's Press Committee taking charge of the entire press job; otherwise there will be mix-ups and troubles. On one morning there appeared at the bottom of the report in one of the papers, and incorporated as part of the regularly contributed report, about twenty lines which said that it was the intention of the Institute to consider the coming together of the two schools and, in general, to debate the question of an amalgamation of interests and doing away with creed and sectarian distinctions. Needless to say, this caused a good deal of talk and trouble, and the reporter was promptly questioned as to his authority for such statement. He explained that he knew nothing of it, but reported, later in the day, that a member of the Institute Press Committee had sent it in for use. In another instance, a picture was printed which the Local Committee had not furnished, and knew nothing concerning. For these reasons we adventure the advice as already given. Let there be but one Press Committee and hold that committee strictly responsible for whatever appears in print.

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NEARLY ONE THOUSAND PRESENT.

PECK reported about 450 members had registered, and about the same number of visitors. Many of the old members were conspicuous by their absence. And those who were present were not unusually conspicuous, probably because the old Institute has moved away from them and is rapidly changing itself into an up-to-date scientific organization, combining everything in the medical line—and homeopathy—in one bureau. It was one of the sights to note the homelessness of the older men in this meeting of members, and the general uselessness of any motion made by them in matters appertaining to the good of the general Institute. About the only man who couldn't be turned down and sat upon was Kinne. Long may he wave! When he backed himself up against that platform and, Transactions in hand, eyed his tormentors and objectors, he looked like an animal at bay, waiting for the next attack. Sometimes it looked as if he might be stung to death by the swarms of pestiferous gnats. We noted the two Runnellses, Comstock, Curtis, Norton, Porter, Dewey, Gibson, Morgan, McClelland, Campbell, Gurnee Fellows, Bushrod James, Hunt, Cowperthwaite, Carpenter, Schulze, Mohr, Nash, Menninger, Hanchett, Cobb, Forbes, Van Lennep, Flora Watson, the two Drs. Ward, Hartman, Martin, Wolcott, the two Wilcoxes, Cook, Sara Millsop, Dearborn, Tuttle, Biggar, Peck, Kinyon, Hins-

dale, several Smiths, three Kings, several Houses and a couple of dozen others. But the great majority of those who approached the ballot-box were new folks and, in the main, strangers.

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THE MEMORIAL SERVICES.

THE announcement of the death of Selden H. Talcott, almost at the beginning of the Institute sessions, was a sad blow to the older membership, and cast a gloom over his many friends. This reminds us to say that the poem which Cowperthwaite read at the Memorial Services was written by himself, within the hour of hearing of the death of Helmuth. It was a beautiful tribute to the memory of the great surgeon, and was impressively and effectively delivered. Kinne's remarks at that same Memorial Service were of the usual, beautiful, clear-cut, noble kind, and appealed to the hearts of all those who had gathered there that brief hour to do loving reverence to our departed brethren; this does not include those who had come to hear some very fine operatic singing by a gifted artist from a New York church, and, who, therefore, frequently broke forth in applause and asked for encores, because of her fine appearance, her fine voice, her fine selection of mortuary music, and her fine rendition of these mournful numbers. It would not have surprised us unduly if some be-buttoned usher with collar-box cap perched jauntily upon one ear had fought his way to the front, staggering under a costly and handsome floral tribute to this very handsome woman and effective singer of mournful melodies, while nominally officiating at a service for the dead!

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THE EXHIBITS.

THE exhibits were well arranged and did little injury to the meetings. They were in the hall and rooms adjacent to the main auditorium and were conducted with care and quiet. Melin's Food was there, with all its wealth of wares and literature and urbane attendants. Bovinine had a conspicuous place, and so had Eskay's Food. Imperial Granum rose to the occasion by presenting the applicants each with a small bust of Hahnemann. The Hessler Surgical Company had a prominent place and were successful in disposing of many of their wares.

—The Indiana Institute of Homeopathy at its meeting last month elected D. H. Dean of Rushville president; J. H. Baldwin of Jeffersonville first vice president; H. H. Baker of Muncie secretary, and W. B. Huron of Tipton treasurer. The board of censors will consist of W. B. Stewart of Indianapolis, A. A. Eikenberry of Peru, C. R. Armstrong of Thornton, C. Martz of Fort Wayne, and A. W. Holcombe of Fort Wayne.

DULCAMARA.

BY M. E. DOUGLASS, M. D.,

Lecturer on Physiological Materia Medica at Southern Homeopathic Medical College, Baltimore.

This drug is commonly known by the name of Bittersweet. It belongs to the natural order of the Solanaceæ, and is a deciduous, climbing shrub, with a woody, irregularly branched, creeping, yellowish-green root, smelling like a potato. The stem, eight to ten feet high, woody at the base, pubescent above, is alternately branched, with lower branches dark, greenish-yellow; the younger, purplish. The leaves are alternate. The purple flowers appear from May to September in small, lateral extra-axillary cymes. The berries are scarlet, oval, and poisonous.

It is widely distributed in Europe, Asia, Africa, and North America; found in mossy banks and disused ground around dwellings, fences, and hedges.

When chewed, the plant is at first bitter, then sweet. It was used as a medicine as early as the thirteenth century. Introduced in homeopathic practice by Hahnemann in 1811.

The powers of dulcamara probably depend entirely upon the presence of the true alkaloid solanine, although the glucoside dulcamarine, which is also contained in the plant (and which Pelletier imagined to represent solanine combined with sugar), much more nearly represents the compound taste—sweet and bitter—of the wood. Solanine is better and rather burning in taste, weakly alkaline in reaction, and crystallizes out of its alcoholic solution in microscopic, white, four-sided right prisms, with a mother-of-pearl sheen upon them. It is soluble in 8000 parts of boiling water, 4000 of ether, and in 500 of cold or 125 of boiling alcohol.

There can be little doubt that the only reason why dulcamara is not usually reckoned a poison is the smallness of the proportion in which solanine exists in the wood; for the alkaloid in question possesses unquestionable toxic properties, although there is considerable dispute as to their exact range. Of its power, as a narcotic, to produce tremors, convulsions, hurried respiration, and death, there seems no doubt; but it would appear likely that, to produce the severest results of this kind with certainty, it may be necessary to inject subcutaneously, or directly into a vein. Administered in this manner, a dog died in seven minutes after injection of 4 1-2 grains, the symptoms being sudden rapidity and convulsive embarrassment of respiration, general convulsions, tetanic spasms, and strong dilatation of the pupil, besides others to be mentioned presently.

Whether solanine also acts as an irritant upon the alimentary canal is more disputed, but there is plenty of evidence to show that it will produce

vomiting; and the presence of distinct inflammatory mischief (enteritis) was found by Malik and Martin, after very large doses of impure solanine.

As to its physiological action on the vascular system, there are cases recorded by several observers in which solanine has produced congestion of the vessels of the cranial meninges; and the vessels of the kidneys and liver have been found engorged simply, or these again have been found actually inflamed. The vomiting, on the other hand, which was suffered by Clarus in his experiments upon himself, seemed connected with the nervous system, and not at all with the stomach. As to the power of solanine to dilate the pupil, the statements are discrepant. It seems clear from the experiments of van Praag, that even moderate doses will sometimes produce this result. Clarus, on the other hand, applied solanine directly to the eye and got slight myosis, with severe irritative effects upon the conjunctiva; while Schroff, in cases where he gave doses (to human patients) sufficient to produce decidedly unpleasant toxic symptoms, observed no change whatever in the pupil, and Frommüller found it more frequently absent than present. One or two authors speak of salivation as a toxic effect of solanine, and several speak of a heat and dryness in the throat, more or less accurately resembling that produced by the more powerful Solanaceæ. Vertigo has very often been observed among the poisonous effects, and sometimes there has been produced an erythematous rash, which is even said to have proved fatal; though here it may well be doubtful if the dulcamara were really the cause of death.

The most distinct form of dulcamara-poisoning has ensued upon eating the berries, to which children are often attracted. There are well-established instances in which this has been followed by severe pain in the bowels, with great heat in the throat and chest. Pressure upon the abdomen cannot in such cases be borne, and there is much nausea, thirst, and prostration of strength. At the same time the pulsation at the wrist becomes hurried, and the breathing quick and painful. Sometimes these symptoms are exchanged for violent vomiting and purging, with profuse secretion of saliva. Sulphate of zinc relieves the stomach of its contents, and the subsequent use of the warm bath and of purgatives brings about recovery after the lapse of a few days.

The above facts show that in dulcamara we have at all events an agent of considerable potency. Its most powerful action is said to be manifested in persons of fair complexion, light hair, and mild disposition, and especially in those who are subject to catarrhal affections in cold and damp weather; but this is doubtful.

The medical properties of dulcamara are generally supposed to be very feeble; but they are unquestionably of sufficient energy to render the plant valuable in the hands of the physician.

It was highly commended, a century ago, in herpetic diseases, scabies, etc. It has also been employed with advantage in chronic rheumatism, gout, incipient phthisis, humoral asthma, jaundice, and other complaints. Sir Alexander Chrichton stated that, out of twenty-three cases of psoriasis which were treated with dulcamara, only two failed.

Psoriasis and pityriasis appear likewise to be amenable to the influence of dulcamara. Dr. Neligan recommends the infusion, copiously administered, as an excellent vehicle for the preparations of iodine and arsenic employed in cutaneous affections. For pustular affections and for vesicular and scaly ones, and in all diseases which arise simultaneously with the suppression or the disappearance of cutaneous eruptions, dulcamara is again a very useful remedy.

Personally, I have employed it in cases of humid asthma (especially when the disorder appeared after the repercussion of nettle-rash or some other eruption), and always with unequivocal success; also in the diarrhœa of children, when brought on by chill in damp weather, or when caused by dentition.

Dulcamara has long been used as a diaphoretic in rheumatic and venereal affections, and is strongly to be recommended likewise in nasal, pulmonary, and vesical catarrhs, attended by general dryness of the skin. Dr. Wood recommends dulcamara as a fit medicine for subduing the sexual appetite in maniacs and others in whom this desire is morbidly active.

In delicate constitutions, and in hysterical women, it is proper to observe, the exhibition of dulcamara has sometimes been followed by syncope and slight palpitation of the heart. If under such circumstances the dose be diminished, the objectionable results no longer ensue.

The circumstance of dulcamara being a plant indigenous to our own country ought to be an argument for giving it every species of fair play.

By some practitioners dulcamara is considered a valuable auxiliary for mercury.

While such are the positive claims of dulcamara, it is necessary to notice the opinion arrived at by Dr. Garrod, from his own experiments, that the action is almost nil. He states that he has given as much as 60 fluid ounces of the infusion in the course of a single day, and that no symptoms, unpleasant or otherwise, have resulted. The strength of the plant seems to vary in some degree with the time of gathering and mode of preserving.

Characteristic Symptoms.—Colic, as from taking cold.

Colic, as if diarrhœa would occur.

Yellow watery diarrhœa, with tearing, cutting colic before every evacuation, as after taking cold.

Pain in small of back, as after stooping a long time.

Nettle-rash over the whole body, with much itching; after scratching, it burns; increases in warmth; better in cold.

All symptoms aggravated by a cool change of the weather.

♦ ♦

On the Physiological Action and Therapeutic Use of Mercury and Its Salts.

BY ALFRED C. POPE, M. D.

(Continued from page 190.)

The parotid, the submaxillary, and the glands of the neck are all rendered swollen, inflamed, and tender by the bichloride, the vapor from the metal, and *m. solubilis*. Of these the bichloride is the most active in this direction. Hence, after aconite and belladonna, mercury is, in parotitis, the most important agent in promoting recovery. In catarrhal glandular irritation, so common in scrofulous subjects, it is most useful. The *m. solubilis* and the biniodide are the best preparations to use in these cases.

Professor McLean is in the habit of treating goiter and enlarged spleen by spreading a portion of biniodide ointment, about the size of a nutmeg, over the enlargement, exposing it to the heat of a fire as long as the resulting smarting can be borne, and then repeating the application. He tells us that, by this means, the hypertrophied gland is reduced to normal limits after a few applications. The editors of the *Br. Jour. of Hom.* in recording this form of practice, suggest the adoption of a similar method in the treatment of the enlarged glands of typhus and scarlatina.

An irritation similar in all respects to that which mercury, in each of its preparations, excites in the pharynx, it also produces on the mucous surface of the larynx, and, to a less extent, in that of the larger and smaller bronchi. The post-mortem examination of a man who died in Guy's Hospital from the effects of poisoning by corrosive sublimate showed the bronchial glands to be much enlarged, the mucous membrane to be universally inflamed and covered with frothy mucus, the lung substance to be cedematous, and the base of the right lung to be inflamed.

Kussmaul says that "of the diseases from which the workers in the mercury mines die, tuberculosis greatly preponderates; so that it seems settled that mercurialismus frequently passes into tuberculosis of the lungs; and there is no doubt that working in quicksilver produces pulmonary consumption." Herrmann, another observer, describes the condition of one worker as presenting a complete picture of laryngeal phthisis, with erosions and ulcers on the posterior wall of the pharynx. Under the influence of the mercurial poison, the voice becomes altered and tremulous; there is a good deal of coughing, with sense of tightness over the chest; respira-

tion is rapid, oppressed, and weak. The wife of a gilder, who, with her husband, lived in the workroom, whose case is related by Fourcroy and quoted by Allen is described as finally becoming asthmatic; the paroxysms occurring, at first, with long intermissions, but gradually becoming more frequent. There was a constant rattling, but no cough or expectoration.

On the larynx the *m. corrosivus* has a still more decided influence. The voice becomes hoarse and rough, and, ultimately, is entirely lost. The irritability of the larynx, as well as that of the pharynx, is very great, producing frequent paroxysms of cough, followed by expectoration of bloody mucus, and then a sense of intense suffocation. The respiration is difficult and distressing; shooting and sticking pains are felt in different parts of the chest. The biniodide has also a very marked influence on the larynx, rendering the voice hoarse and husky, and exciting fits of coughing, with a little loose, white, slimy expectoration during the day, and some difficulty in breathing, together with shooting pains in the chest. The *m. solubilis* excites a violent cough at night, which appears to arise from pharyngeal irritation. Again, it produces a dry cough with tickling beneath the sternum; there is a slight expectoration of bitter, tenacious mucus with dyspnoea and pressure across, and stitches in different parts of the chest.

Such symptoms as these point, in the first place, to laryngitis as a form of disease, in some cases of which the corrosive sublimate and the biniodide of mercury will be of service. When we take the local symptoms and those which express the general action of the poison together, we shall see in mercury, particularly in the form of the biniodide, a medicine which will often be useful in the course of a case of phthisis pulmonalis. In some instances of catarrhal bronchitis, where irritation is present at the same time in the liver or stomach, *m. solubilis* has proved curative.

In a form of cough to which horses are liable, mercury is very useful. Mr. Lord says that while he has little confidence in mercury in bronchial coughs, either acute or chronic, there is a cough arising during the second stage of inflammation in the pharyngo-laryngeal region and the neighboring glands, in which it is useful; the indications for prescribing it being increased secretion, nasal discharge, and sore throat. He used the first trituration of the metal. Beyond the irritability and excitement caused by the mercurial fever, the action of this substance upon the heart presents no feature calling for any special remark save this, that Huber states that recent observations have shown peri- and endocarditis, in living and dead subjects, as the result of mercurial poisoning, and that "we should use *m. corrosivus*, after aconite, spigelia, bryonia, iodine, etc., have been used without effect; especially in cases of acute articular rheumatism with nocturnal pains and sweats, thirst, great

anxiety, irregular pulse, chills and fever, coated tongue, diarrhea, and scanty urine."

I now proceed to examine the changes mercury produces in the abdominal viscera, and, first of all, those it occasions in the stomach.

On the mucous membrane of this viscus, mercury acts as an irritant; the degree of irritation it excites varying from that characterizing a simple dyspepsia, as seen in the effects of *m. solubilis*, to one resembling the severest forms of gastritis, as witnessed in the havoc wrought in the stomach by *m. corrosivus*.

The milder mercurials produce a creamy-white tongue, a sweet, mawkish taste, a defective or totally absent appetite, with an especial aversion to butter, animal food, and alcohol. A meal, however scanty, is followed by nausea, heartburn, and eructations of a bitter taste and offensive odor; there is a sense of weight, fullness, and burning in the epigastrium; rumbling, gurgling, and griping pain in the abdomen, with flatulence and diarrhea. These symptoms point to an almost complete suspension of the function of digestion, and to a decomposition of the food taken. This, consequently, becomes a source of irritation instead of nourishment. It is almost impossible to separate these symptoms from those which, as we shall see presently, indicate a similar suspension of the bile-secreting function of the liver. Hence, when a dyspepsia is met with which indicates the need of mercury, the hepatic function is almost invariably found to be at fault, and we have, together with the symptoms I have already detailed, a jaundiced or so-called bilious complexion.

The *m. corrosivus* acts much more powerfully than the *m. solubilis*. Under its influence the tongue is swollen and covered with a thick dirty-white fur anteriorly, and yellow posteriorly; taste is bitter, astringent, and metallic; thirst excessive; deglutition difficult; the swallowing even of liquids is painful and attended with spasm of the glottis, retching, and vomiting; great heat and a sense of burning pervade the mouth and extend down the esophagus to the stomach, which is swollen and painful. The pain, which soon becomes intense, is usually referred to the pit of the stomach, where it is felt as burning and griping, and is greatly aggravated by pressure. At the same time vomiting becomes incessant, the effort to vomit greatly increasing the pain; the ejecta are frothy, greenish, yellow, and bitter, and, after some time, blood and mucus appear among them. As illustrating the degree of inflammation produced by this substance, I would refer to a case of poisoning by it reported in the Medical Gazette, when pieces of membrane are said to have appeared in the vomit on the fourth day. A similar case was described in a Russian journal. Great pain and prostration attend the vomiting of the blood, which sometimes appears bright and clear, at others is described as coffee-grounds vomiting.

Such symptoms as these are like those of gas-

tritis, a disease which rarely occurs idiopathically. They also point to corrosive sublimate in some cases of ulceration of the stomach; cases where the membrane surrounding the erosion or ulcer has become inflamed, where the pain is much increased in degree, and is intensely burning in character. Further, when hemorrhage has resulted from such inflammation, and the blood is of a bright arterial color, corrosive sublimate will be the most useful medicine that can be prescribed.

Irritation of a similar type—comparatively mild when following *m. solubilis*, and especially severe after *m. corrosivus*—pervades the intestinal mucous membrane. Abdominal distention, flatulence, griping and colic-like pains, increasing in acuteness in the lower part of the descending colon, with burning in the anus, followed by diarrhea of greenish, slimy, acrid stools, or such as are soft and brownish in color, or whitish and gray, or bilious and frothy, and in some instances streaked with blood, together with a frequent and painful urging to stool, represent the chief effects of *m. solubilis* here. Hence, in ordinary catarrhal diarrhea, in a diarrhea set up by some disturbance in the hepatic function, and especially in that very common form of diarrhea in children which is the result of overeating or of indulgence in some indigestible luxury, *m. solubilis* has, since the early days of Hahnemann, been generally resorted to by homeopaths. Dr. Ringer gives the following very graphic description of the hepatic disturbances to which mercury is homeopathic in his "Handbook of Therapeutics," tenth edition, p. 268.

"A patient, generally of nervous temperament, on exposure to cold, or after fatigue or excitement, or even without discoverable cause, feels sick, perhaps vomits, has a coated tongue, and in a few hours becomes jaundiced, the discoloration sometimes affecting only the conjunctiva, in other cases dyeing the skin of the whole body yellow. The stools are pale or colorless. The attack lasts three or four days, and is accompanied by great depression. The patient may undergo many attacks, so frequently, indeed, that before the discoloration of one attack has passed away, another has begun to assail him. Here, 1-6 or 1-3 of a grain of gray powder, taken at the very onset and repeated three or four times a day, allays the sickness, cuts short the illness, increases the intervals between the attacks, and, after a time, cures the patient, though he may have suffered from them for several years."

Small as the dose is here, inadequate as it is for any but a homeopathically indicated remedy, it is needlessly large. Cures of a precisely similar kind have resulted in such cases thousands of times from *m. solubilis* given in the third, sixth, and twelfth dilution. The third centesimal trituration is that which I have commonly employed in grain or 2-grain doses, and any advantage that has been attributed to a smaller dose seems to me to be problematical.

The action of corrosive sublimate is, as I have said, much more powerful, and gives rise to changes of a far more serious character. The following group of symptoms occurred in the course of some experiments by Dr. Förstner, when assisting Dr. Buchner, who made a fairly full proving of this drug in 1849. Dr. Förstner dissolved 1-50 of a grain of the salt in 110 drops of alcohol, of which he took from 2 to 20 drops daily for ten days. On the eighth day of his experiments, after taking 20 drops of the solution, he records the following results:

"A peculiar bruised sensation in the abdomen, especially in the cæcal region and following the course of the transverse colon; the cæcal region to the transverse colon were painful to moderate pressure, as though they had been bruised; the walls of the abdomen, however, were not painful; this pain lasted all the forenoon, was less acute in the evening, but did not entirely disappear; bruised sensation in the cæcal and mesocolic regions; the painfulness was increased by moderate pressure." He also notices "a frequent desire for stool with increased emission of flatus." (From Allen's Encyclopædia).

Here we have the initiatory symptoms of that severe enteritis to which, in large doses, corrosive sublimate gives rise. The records of numerous cases of poisoning show that, when taken in reckless quantities, after severe burning in the mouth, pharynx, and stomach, with painful vomiting, the abdomen is the seat of violent, twisting, and burning pains, is very sensitive to pressure, and that liquid evacuations, commonly preceded by burning and tenesmus, take place frequently, while in all instances intense prostration is present throughout.

Post-mortem examinations of such cases reveal the mucous membranes of the small intestine as being, either throughout its extent or in patches, covered with bloody mucus. In some parts it is injected red, in others erosions or ulcerations are seen; the rectum is deeply reddened, and in some instances the peritoneum is inflamed.

Here, then, we have an accurate picture of acute enteritis and of dysentery. To these disorders *m. corrosivus* is therefore homeopathic in their severer form—to some cases of both colocyath, aloes, and arsenic are more distinctly homeopathic than mercury—and consequently the most reliable medicines that can be used in their treatment.

Some fifty or so years ago, Dr. George Balfour of Edinburgh visited Vienna and there attended Dr. Fleischmann's clinique at the Gumpendorf Hospital. On his return he published an account of his observations, and among them is the following case of dysentery, the progress of which he watched at the hospital:

"A. S., a woman, æt. forty-five, admitted July 14, stated that for eight days she had been affected with bowel complaint, having had thirty stools in the course of each day. Each stool consisted of watery mucus mixed with blood, and

was accompanied by straining and griping. She has headache, feverishness, and sweats much, sleeping little; the pulse is full and accelerated, the tongue coated and moist. Prescribed corrosive sublimate, third dil. every hour. On the following day she is reported to have had only one stool since admission, and that one without blood, free from pain, and natural. Slight pain in the abdomen on pressure. Her bowels were not again opened until the day before her dismissal, when she had a natural stool. The pain in the abdomen had disappeared entirely."

This patient, it will be observed, had been for eight days in the state described, and passing thirty stools a day; but, from the time of taking the first dose of 1-1000,000 part of a grain of mercury the disease was arrested, and she went on to a quick and complete recovery, without the smallest drawback or accessory medicinal symptoms. As the late Dr. Drysdale, when quoting this case, says: "This must either be the perfection of medical art, or a most extraordinary coincidence."

In advanced life, few acute disorders, when occurring in a severe form, have proved more frequently fatal than dysentery. When the specific remedy, however, is prescribed, such a result is far less common. Take, for example, the following case reported by Dr. Carfrae:

"Mrs. T., æt. seventy-nine; November 26, 1859. Four days ago the patient states that she was seized with purging, the stool consisting of pure blood, which has continued until now. She has great pain in the abdomen, and constant desire to stool; pulse 120; tongue coated, but not very badly; thirst considerable. Aconite was given.

"November 27. No better. I examined one of the evacuations; it was small in quantity and consisted of shreds of mucus (like chopped-up bits of boiled white of egg) mixed with blood; pulse still 120; altogether, she seems worse. I gave *m. sub. corr.* 3 every four hours.

"November 28. Since last evening at six o'clock has had no evacuations from the bowels; pulse 90. Has taken some arrowroot.

"November 30. Yesterday and to-day has had a natural stool each day; no blood; no tenesmus; pulse normal; skin cool; takes nourishment well."

Referring to dysentery, Dr. Ringer writes: "A hundredth part of a grain of the bichloride given hourly or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stool of blood and slime, although in some cases a diarrhea of a different character may continue for a short time longer, requiring, perhaps, other treatment to control it." This sequelæ rarely, if ever, occurs when the third decimal or third centesimal dilution has been used. Dr. Ringer's dose, small as it may appear to some physicians, is still needlessly, if not somewhat injuriously large.

This purely homeopathic indication—the use

of corrosive sublimate in dysentery—is one of the now rapidly increasing bits of therapeutics derived entirely from the practical application of the rule or principle of similars—a rule or principle which many of those who daily employ these bits of therapeutics profess to regard as absurd and so on, while the men who pointed out the indications are by these very persons not infrequently stigmatized as unworthy of professional association!

The study of the action of mercury on the liver has of late years been rendered additionally interesting by the experiments of the late Professor Hughes Bennett, Dr. Rutherford, and others. Before drawing attention to them, I will review the extent of our knowledge of the pathogenetic properties of the drug in this direction.

The indications of liver disturbance are not numerous either in provings or in poisonings, though post-mortem considerable alterations have been observed in it. Together with a pale, yellow, sallow complexion, we find the worker in mercury to complain of twitching pain in the right hypochondrium, subacute aching over the hepatic region; while chronic hepatitis is one of the acknowledged consequences of exposure to mercurial fumes. *M. solubilis* occasions a jaundiced skin with stitches in the hepatic region, which are increased on taking a deep inspiration. In poisoning by *m. corrosivus*, a general yellowness of the skin has been noticed, as well as stitches in the hepatic region. The iodide appears to excite more acute pain than either of the other preparations.

Hermann (quoted by Huber), who visited the mines of Idria, and made a thorough examination into the health of the miners and residents of the district, found that intumescence of the liver with hyperæmia of carbonized blood was very common, both among those who worked and those residing in the neighborhood of, but not employed in, the mines; while more or less hepatic disease existed among all the residents in the district.

Post-mortem examination of cases of chronic mercurialism shows in many a thoroughly congested liver. It looks hyperæmic and dark. In one case (Huber) "dark, foamy blood flowed from both large and small vessels at the cut surface of the liver." Further, mercury, in its metallic form, has been repeatedly found in the structure of the liver. In the *Medical Times*, Mr. Robert Burton, a student of chemistry at the University of Erlangen, published a paper giving several striking illustrations of this interesting and important fact. In one case, Dr. von Gorrop Besanez, at that time professor of chemistry in Erlangen, "found distinct traces of quicksilver in the liver of a woman who had for sixteen years worked in a mirror factory, and was then attacked with symptoms of hydrargyrosis, of which she died. Although, during the whole year previous to her death, this woman

was entirely removed from the mercurial influence, nevertheless the metal was demonstrated with certainty in the liver after death, thus experimentally proving that, corresponding to the remarkable avidity which the liver shows for mercury, there exists as remarkable a localization of the metal in the tissues of that organ—in other words, that the liver, with a maximum of absorbent power, seems to possess only a minimum of excrement power in regard to mercury."

These facts render the power of mercury to increase the amount of blood in the vessels of the liver, and by the pressure thus excited, if in no more direct manner, to diminish the secretion of bile, beyond dispute.

The use of mercury as a cholagogue, as a means of increasing a defective secretion of bile, has been general for some centuries. Hence, it has been supposed that its physiological action is that of a bile stimulant. This conclusion is analogous to that arrived at by Handfield Jones, Fuller, Winogradoff, Brunton, and Foster regarding digitalis. These observers, because in practice, in the treatment of disease, it has been found that digitalis strengthens a weak heart, describe its physiological action as that of a cardiac tonic. But, as the late Dr. Black wrote, "This is assuming, not demonstrating, the physiological action, for many experiments prove that it is not so."

To return to mercury. Some years ago, in 1861, Dr. Thudichum and Dr. Inman showed, from various experiments, that the idea of mercury having the power to increase the secretion of bile was altogether erroneous. A few years later, 1868, the late Dr. Hughes Bennett reported to the British Medical Association a series of experiments on dogs, and a body of conclusions drawn from them, which fully confirmed the doubts that had been cast on the time-honored faith in the power of mercury to increase the secretion of bile in a sluggish liver. The chief of these conclusions was thus stated:

"That blue pill, calomel, and corrosive sublimate, when given to dogs in either small, gradually augmented, or in large doses do not increase biliary secretion; they do not even influence it, so long as neither purgation nor impairment of health is produced, but they diminish it as soon as they produce either or both. . . We do not deny the possibility of mercury being useful in some diseases of the liver. We simply say that the notion of its doing good by increasing the biliary secretion is untenable."

By a fresh series of experiments, Röhrig and Rutherford have shown that calomel does not increase the secretion of bile, and that, in purgative doses, it may even diminish it; but that the bichloride of mercury does increase it. Before accepting this as a sound conclusion, it must be remembered that Dr. Bennett experimented on animals in average health, and regularly supplied with food; Rutherford and Röhrig made their experiments on fasting dogs, and these were further, and I think altogether, vitiated by their paralyz-

ing their subjects with curare. If the animals were fasting, their biliary secretion was already diminished by abstinence from food; while the action of curare, by paralyzing the vaso-motor nerves, completely changed the physiological condition of the liver. Hence, no importance can be attached to the researches of Röhrig and Rutherford; and, consequently, those of Bennett are unimpeached, so far as they go.

Mercury, then, it must be admitted, impairs the bile-secreting function of the hitherto healthy liver. As may easily be supposed, the first announcement of this fact created no small stir among those who had all their lives been prescribing mercury when the secretion of bile was diminished, under the impression that, physiologically, mercury stimulated its secretion. Dr. W. B. Richardson, in the discussion which followed the reading of Dr. Bennett's paper, while accepting its facts and acknowledging it as a model of scientific work, argued that, after all, mercury did exert a beneficial effect, and that experience confirmed its value. True, but how is this experience to be reconciled (1) with the facts brought out by these experiments, and (2) with the assumption that homeopathy is worthless, untrue, etc. Either, on the one hand, Professor Bennett's experiments were incorrect observations, or the experience to which Dr. Richardson appeals was fallacious, or, on the other, homeopathy is true—at any rate, so far as the prescription of mercury to remedy a sluggish liver is concerned. Dr. Sidney Ringer (op. cit., p. 268) writes: "The experience of generations strongly supports the general conviction that in some diseases calomel, as well as other preparations of mercury, does increase the bile. Moreover, it is not difficult to conceive, that in a given disease mercury may set aside some conditions hindering the formation of bile, and thus act as a cholagogue, though possibly, in health, it may check this secretion." Certainly such a state of things is not "difficult to conceive," though it might endanger the position of a University Professor of Materia Medica were he in plain terms to set forth the conception which explains or accounts for the apparent paradox! The following extract from some comments on this matter by the editors of the Br. Jour. of Hom. puts the argument with remarkable conciseness:

"If it be true that mercury, in nine cases out of ten, diminishes the quantity of bile secreted, it does not cease on that account to be an hepatic specific. On the contrary, its so acting on the biliary secretion is a proof that it is an hepatic specific, valuable in precisely those cases where the secretion of bile is diminished. It is no doubt on account of the observation of this remedial action that the reputation of mercury as an hepatic specific has been established. M. Jourdain long spoke prose without knowing it, and the old school have long been practicing homeopathy in an equally unconscious fashion."

Hence, in conditions where the secretion of bile is diminished, in congestion of the liver, in simple catarrhal jaundice—jaundice uncomplicated with and independent of organic disease—mercury is homeopathically indicated; and, as experience has abundantly proved, is a most efficient remedy. In some instances of enlarged liver, the iodides of mercury, especially the biniodide, appear to be more useful than most other preparations of it.

(To be continued.)

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*Personal Reminiscences.**

BY GEO. F. WASHBURN, M. D.,

Elkhart, Ind.

Last fall I was called to see a little chap three years old, supposedly at the point of death. He had passed through several weeks of remittent fever, followed by whooping cough. When I first saw him he was literally all skin and bones, and unable to retain either food or medicine. Up to this time he had been attended by one of our old-school friends, who had recently called in counsel, both agreeing that the child could not hold out another twenty-four hours. Naturally the parents were eager to try anything, even a homeopathic physician. They were well aware of the fact that the nauseous concoctions administered day after day were rejected by the disgusted stomach, rather than appropriated by the circulatory system. This suggested to their minds that possibly simpler remedies might be retained, and, therefore, they concluded, very sensibly, to send for a homeopathic physician.

On my arrival I decided to give *nux vomica*, on general principles. It was not only retained, but within twenty-four hours the patient, instead of being dead, was markedly better. Within a week, hope was held out that he had a fair fighting chance for life; within two weeks he developed a pneumonia of the right lung. Dr. Fisher was called in counsel and suggested remedies that would ordinarily, no doubt, prove efficacious, but the week following the other lung was attacked, complicated by pleurisy. Just when resolution was progressing satisfactorily an abscess formed in the apex of the right lung, bulging out the chest-wall the size of a man's fist. Even now hope was entertained that the abscess would burst into the bronchial tubes and give the sufferer a chance to develop another disease or two before giving up the battle. However, it was not to be, for at this point a convulsion ended the scene, just five weeks after it was predicted he would be in his grave.

Although this case had a fatal termination, it was evident to everyone that the homeopathic

* N. I. and S. M. Hom. Med. Assn., 1902.

treatment prolonged life and gave the patient all the chances there were for recovery. Had the treatment not been changed, I believe the boy would have died from sheer exhaustion caused by vomiting, induced by the drugs administered; or else from starvation, or from both. As it was, in the first twenty-four hours of homeopathic treatment all vomiting ceased, and the patient was able to assimilate small quantities of milk and grape-juice.

It is too much to conclude, however, from this one case, or from hundreds like it, that we homeopaths have exclusive control of all valuable remedies. In the case I am about to report, as great relief was given by the exhibition of a remedy not at all Hahnemanian. Mrs. A., a woman of seventy, was stricken down with a severe attack of pyelo-nephritis, probably caused by a stone in the kidney. Her condition was complicated and aggravated by cystitis, dysentery, and renal insufficiency, and consequent uræmic poisoning, including pain in the back of neck, base of brain, and region of right kidney and right ureter, together with vomiting, anemia, delirium, and stupor. Pulse, 150; temperature, 104 1-2. Quantity of urine passed in 24 hours less than three ounces; spec. grav., 1014; reaction, acid; urea, 7 1-4 grains per fluid ounce. Eighty per cent. of normal; appearance, cloudy, due to presence of pus; albumin, slight; sediment, one-half of bulk; uric-acid crystals present in small quantity, also epithelia from fundus of bladder, and a few granular casts and red-blood corpuscles. The bowels moved eight to ten times a day and contained mucus and traces of blood; with each movement from one to two teaspoonsfuls of gravel were passed, followed by severe tenesmus. Every attempt to urinate caused severe strangury. Later, the urine dribbled away involuntarily. For a week there was slight, if any, improvement in any of the symptoms, except the reduction of the temperature, which fluctuated between 101 and 102.

At this time I decided to try more strenuous methods, if possible, than the indicated remedies, supplemented by hot poultices applied to kidney and abdomen. Hyoscyamus, in 5-drop doses of the tincture was given every three hours to relieve the strangury, and citrate of lithia in 15-grain doses twice daily to rouse renal activity. Neither of these remedies seemed to produce the slightest effect. Then I tried the fluid extract of corn silk in dram doses four times a day, which did relieve the strangury; and urotropin in 5-grain doses six times a day, which did overcome the renal insufficiency, besides sterilizing the urine, thus overcoming the uræmic symptoms. After the third dose of urotropin the brain cleared up, the urine doubled in quantity, and there was no set-back for two months, when the patient finally succumbed to age and weakness. I firmly believe that urotropin enabled the patient to live at least six weeks longer than any other remedy could have done, besides keeping

the mind clear, the hopes buoyed up, and the pains subdued.

The diet consisted of hot milk, buttermilk, kumyss (Ahrend's medium), and unfarmed grape juice (Boericke & Tafel's). I know of no better diet for almost any weakened condition. Bovine was tried, but it seemed to aggravate the bowel trouble. However, it has proved most satisfactory in other cases. The patient also drank large quantities of lithia water.

I expect to be criticised for even the occasional use of crude drugs, and I must admit that in ninety-nine cases out of a hundred I am able to adhere to the teachings of Hahnemann with perfect confidence, and believe that thereby I am doing the best for my patients that can be done. Sometimes, however, I find a patient who does not respond to the indicated remedy, and then I am not only willing, but eager, to try anything that offers any help, be it ever so slight, providing it at the same time appeals to my reason.

I believe that an honest expression of experience and opinion in this respect, given without prejudice, will bring to light many useful therapeutic suggestions.

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The Significance, Prevention, and Treatment of "Heart Failure."

BY CHARLES W. M'INTYRE, M. D.,

New Albany, Ind.

If we take a glance at mortuary tables we shall find that many deaths are recorded as being due to "heart failure." Admitting the fact that the term is open to criticism we cannot dispute the truth of the statement that to failure of the heart is attributable a very large number of deaths that might to a large extent have been averted if correct precautionary measures had been employed.

Professor Stevens in his admirable book on the practice of medicine says weakness of the heart is generally associated with the following morbid conditions. "(1) General obesity. (2) General debility. (3) Degeneration or dilatation of the heart. (4) Pericardial or pleural effusion. (5) Emphysema."

Obesity is a condition in which there is considerable cardiac weakness, but by far the greatest number of instances of cardiac weakness which the profession has to encounter are in those patients who are debilitated by some acute or chronic disease.

The late Professor T. S. Bell never tired of telling his students that in the treatment of typhoid fever, as well as in pneumonia and other affections which were attended with high temperature or great pain, the heart must be watched and protected. I have never allowed

his lesson to leave my mind, and when I am treating patients who have cardiac weakness, I see that the patient is protected as far as possible against heart failure. The great number of persons who die during convalescence from exhausting disease makes it an imperative duty on the part of the profession to watch the heart and to prevent cardiac failure by proper remedy. It is a dull physician who thinks his work is over when the patient ceases to have fever in typhoid or pneumonia cases. The fact is that then the time is right to commence to exhibit remedies which will protect the heart.

I think all physicians should have clearly in mind that all fevers and diseases attended with pain greatly debilitate the heart, and this is also true of chronic diseases—phthisis, chronic abscesses, chronic diarrhea and dysentery, and other affections which will at once suggest themselves to the intelligent physician.

I am morally sure that many cases of typhoid fever or pneumonia would recover, if only attention was directed to the heart. I recall now a patient whom I treated through a prolonged attack of typhoid fever which was associated with a very high temperature range and extreme headache. This young man had a weak and irritable heart, and several times his pulse became so thread-like and rapid that I feared he was approaching collapse.

I began giving this young man Dr. Frelich's preparation of homeopathic remedies, which he styles Heart Drops, and these were persevered in until he was discharged cured. From the time this remedy was begun my patient began to have a regular heart-beat, and the pulse volume was good. In all cases of typhoid fever it is best to give the drops every four or six hours until convalescence is well advanced.

I may say here that this preparation contains *cactus grand.*, *cannabis*, *convallaria*, *kalmia*, *lycopus*, and *pulsatilla*. It is indicated in all systemic states where we have a weak heart, an intermittent pulse, palpitations or painful conditions of the heart, and where existing fever or hemorrhage makes the possibility of failure a matter of concern.

I exhibit it in doses of 3 to 5 drops every four or six hours in half ounce of water. The frequency of dose must to a large extent be dependent upon the case in hand. In some cases where there was extreme irregularity of the heart, as I frequently saw last year, during the visitation of la grippe, I often had the remedy taken every two hours. The case in hand and the physician's good judgment must direct him in this.

The visitation of la grippe has every year left in its train a number of patients who had irregular pulse and poor circulation. These patients will remain without improvement and open to sudden death, unless they are treated with correct remedies for their heart. If only the profession will bear in mind the fact that danger lurks

in neglect of the heart, we can attain results in cases that are unfavorable.

I mean that, once the fact that the heart is to be protected takes hold of the physician, we may then expect that the mortality will grow less in those diseases where the heart is called on to bear a considerable burden, as it is in the febrile and painful and exhausting and chronic diseases. When this fact takes hold of the professional mind, we shall see that from the incipency of attacks of pneumonia, typhoid fever, and other affections the physician will remember the therapy which is needful to maintain the heart.

Now let me recount the clinical histories of several cases where I think it is made manifest that protection of the heart was responsible for the happy outcome of the case.

M. D. M., aged nineteen. This young man had an attack of typhoid fever of unusual severity, in that he had a very high afternoon temperature and was greatly weakened by a persistent diarrhea. The patient had been without medical attention for two weeks, and when I saw him he had a small weak pulse, and on the least exertion he almost sank from heart failure. I had this patient take Frelich's Heart Drops regularly, along, of course, with the other appropriate treatment. The heart's action improved with the first day's employment of this remedy, and the young man made a complete recovery.

Miss C. S., aged twenty-three, a rather delicate young woman, was attacked with pneumonia. After the third day she had a most indifferent heart-beat, it being weak and rapid and irregular. I recognized in this a grave complication and put her on liberal doses of the same preparation. The patient now began to have a better pulse volume, and the beat was not irregular after the first fourteen hours had elapsed after she began with the remedy. This patient recovered, and I have always felt that only the protection and treatment of the heart brought her around.

A. A. P., aged twelve. This little girl was quite delicate and had a severe attack of typhoid. From the incipency this girl had weak heart and was threatened with cardiac failure. Frelich's Heart Drops, given throughout the disease, kept the circulation good and she made a complete recovery.

Mrs. C., aged sixty. She was a very delicate woman and had an attack of la grippe complicated with bronchitis. This woman always had a weak heart, and I feared the worst when I took hold of the case. The Drops were given with regularity, and the patient got on well and made a complete recovery.

When their administration is indicated, I may say that in every instance I have found these Drops not only prompt and efficient, but perfectly safe to use, which my experience has shown me cannot be said of some of the various synthetic compounds so largely recommended for cardiac troubles.

An Ideal Antipyretic in Typhoid Fever.

BY W. D. COATES, M. D.

High temperature is one of the chief dangers. Cold in some form is the natural and logical antipyretic. Cold water sponged on the body; the cold bath; the ice bag over the abdomen, heart, or head; the wet-sheet pack to all or a part of the body; these are all familiar methods of employing this most important remedy in combating pyrexia.

But I desire to describe a method for which I claim some originality. It is as follows: These articles are required in practicing the method, viz., a suitable table, a heavy comforter, a rubber sheet, a fountain syringe, and tub. Elevate one end of the table, upon which lies the comforter, folded, with edges turned under so as to make it trough-like; over this the rubber is spread and caught up at lower end so as to drain the water into the tub placed so as to receive it. Load the syringe with warm water and hang on a nail near by. Have two large pitchers filled with the coldest water to be had, and have two assistants to refill when empty and to attend to other matters as they arise.

The patient, wrapped in a dry sheet, is now laid upon the table and thoroughly wet with the stream of warm water from the nozzle of the syringe. As the water in the syringe begins to lower, an assistant is instructed to pour in cold water. In this way the stream is gradually changed from warm to cold and the sudden shock of the cold water thereby avoided. Take the rectal temperature for the first time one-half hour after beginning treatment and every one-quarter to one-half hour afterwards until temperature is sufficiently reduced. When rectal temperature registers below 100° F. discontinue treatment. When this same temperature rises to 102° F. the treatment should be repeated, regardless of the hour or the conditions of the weather. From one to two hours' time is usually required in an obstinate case. If instead of the syringe the water be poured directly from pitchers the temperature will be more rapidly reduced. Sometimes it is more convenient to give the treatment with the patient lying on the bed; here the syringe is preferable to pitchers. The rubber is simply placed on the bed under the patient and the edges elevated by means of folded blankets. The water which settles about the patient is removed with a sponge or towels. This I have denominated the ideal antipyretic method. I claim for it three chief advantages over all other methods: Safety, rapidity, and effectiveness. As to the first, I claim that it is entirely without harm.

Rapidity.—It not only lowers the temperature, but it does so in the shortest possible period of time, which is a matter of very great importance to the patient, since it brings him quickly from a

condition of great unrest to one of sweet repose, in which he will often remain for hours. Indeed I have frequently found my patients sleeping soundly before the treatment was discontinued.

Effectiveness.—It is far more effective than the cold bath, since the water continuously flowing over the body is the coldest at hand, while with the cold bath it is an equalizing process; the temperature of the bath rising while that of the patient is lowered. In this method we literally abstract the heat from the patient's body, and the water which absorbs this heat is rapidly removed from contact with him.

Before leaving this part of the subject I wish to refer again to that of the safety of this method. You may say that it imposes unnecessary burdens upon the patient, depressing his vital powers. In answer, it not only does not depress, but, on the contrary, by lowering the high temperature, it removes a great cause of depression and gives nature a chance to recuperate her wasted energy. The vital forces are invigorated, headache and restlessness, for the time being, are entirely relieved. In my opinion high temperature is one of the chief causes of fermentation and excessive bloating; it therefore becomes a matter of great importance to maintain at all times a temperature not above 102° F. So, in using my ideal antipyretic method, repeat treatment whenever temperature goes above this point. But with proper attention to treatment along other lines it will not be necessary to resort to this treatment continuously in any given case. Indeed, I have had cases in which a single treatment of this kind seemed to break the force of the fever; a rebellious case apparently being transformed into a mild one.

I desire also to speak of its disadvantages—the prejudice and opposition of the laity, and the trouble it entails. The first must be combated by the positive recommendations of the physician; show the people that you have confidence in the treatment and assure them that it is absolutely without harm in typhoid fever. Make it a point to call attention to the patient's condition of unrest before treatment and his sweet restful sleep afterwards. In this way you will surely break down opposition. As to the second disadvantage, it ceases to be such in comparison with the prolonged period of repose which it brings to a fever-racked patient. A good rubber sheet is of prime importance where the treatment is given in bed.

—Senator Depew says that wealth is a microbe, which, by extension, means that it is a disease. But doctors need not be alarmed. There is no danger of its becoming epidemic.

—It is stated that Johns Hopkins Hospital uses no drugs in the treatment of typhoid fever, and yet has a larger percentage of cures than any other hospital in the country.



The Medical Library

By O B SERVER

The Study of the Dependent, Defective, and Delinquent Classes.

This comprehensive work by Professor C. R. Henderson of Chicago University. Philanthropy, it is rightly urged, should rest upon principles, and these should be founded upon a study of human nature.

Considering, first, the phenomena of dependence, the biological conditions bearing upon the production of inferior and antisocial elements are pointed out; and it is urged that, in the struggle for life, fewer places in the normal social economy are, as civilization advances, left for the half capable. Dependence is, however, not necessarily the result of degeneracy; there are unsocial habits, unfavorable industrial conditions, defects in education, which drag down into the rank of dependents even those whose personal helplessness is not an inborn quality. Inheritance may, indeed, be regarded as a powerful factor in the evolution of human beings who manifest less than average fitness for normal conditions of life; but it is argued that, by the withdrawal of children of bad heredity from depraved surroundings at a sufficiently early age (before six), "the influence of good education and example may predominate over inherited tendencies." The major portion of the book is devoted to a consideration of the practical social arrangements for dealing with persons who are in some degree a charge upon the community. The respective merits and demerits of outdoor and indoor legal relief are discussed; and, in connection with the latter, the view is strongly urged that discharge should not be at the option of the inmate, especially in the case of feeble-minded women and of broken-down inebriates. The care of dependent children is discussed, and the superiority of boarding out in families to congregation in institutions properly insisted on. A chapter is devoted to medical charities, and though the abuses to which these are liable are alluded to, but little is said as to the best means of checking them. The advantages of a well-managed charity organization society are, however, strongly urged.

In connection with the education of the feeble-minded it is stated that the formation of permanent custodial homes for such cases is necessary in order to secure economical advantages from their training and to prevent the propagation of degenerates. A few of the American commonwealths "have already adopted this principle, and with the others it is simply a question of time

and earnest effort when they will do their duty." With regard to the care of the insane, detached cottages are recommended in preference to asylums of the corridor type, both on the grounds of increased comfort and decreased cost.

Perhaps the most valuable portion of the work is that which treats of criminal sociology. The so-called "indeterminate sentence" now in vogue in some of the States, and conditional discharge under parole, seem to be penal principles much more efficacious than the prescription of a certain term of imprisonment for a certain crime, the desideratum being not so much how to make the punishment fit the crime as to apply it so as to be effective with each individual criminal. With regard to juvenile offenders it is urged that they should be dealt with in a special court apart from adult and hardened prisoners, and that all under sixteen should be regarded as under reformatory education and not as criminals. Education, protective restraint, and social selection by humane elimination sum up the author's views of the duties of society towards the classes which he describes.

Das Wirbeltierblut in Mikrokristello graphischer Hinsicht.

Dr. Kobert has published recently a volume containing an exact account of the crystalline products which can be prepared from blood. Dr. Kobert upholds the view that crystals formed by adding ether to blood consist of arterin, a complex of hemoglobin and stroma. When blood is baked the arterin separates into stroma and oxyhemoglobin. Arterin crystals are not changed by hydrogen peroxide, but cause decomposition of the peroxide. On the other hand, hemoglobin crystals are changed into methemoglobin by hydrogen peroxide. He describes the peculiar-shaped arterin (hemoglobin) crystals which have been recently prepared by Schwantke from pigeon's blood. In case of poisoning by potassium chlorate, when the hemoglobin becomes changed into methemoglobin, Dr. Kobert points out the importance of rendering the methemoglobin alkaline, for alkaline methemoglobin easily changes over into oxyhemoglobin. Alkaline methemoglobin is of a beautiful red color.

In treating of hematin, Dr. Kobert points out that neutral hematin is red in color, and that the modern methods of preserving the color in museum specimens change hemoglobin into neutral hematin. Dr. Kobert is unaware of Haldane's

researches, which show that photohemoglobin is the same thing as cyanhemoglobin. Examining hemin crystals obtained from every kind of blood, vertebrate and invertebrate, the author finds no difference in the shape of the crystals. Hemin can be prepared with chloride, bromide, or iodide, but not with fluoride of sodium. Hemin crystals can be prepared from as little as 0.025 milligram of blood; they can be obtained from the chick embryo on the fourth day of incubation, and from the excreta of flies and mosquitos which have fed on blood. Dr. Kobert gives a list of the reagents which prevent the obtaining of hemin crystals from blood. He obtained the crystals from a corpse forty years old, but not from mummies. Nencki's acetone and Wachholtz's alcohol methods of preparing hemin are described. Hemochromogen, Dr. Kobert states, cannot be reduced alkaline hematin. Hematin is a ferri-compound and hemochromogen a ferro-compound. Hemochromogen crystals are obtained by adding pyridin to defibrinated blood. The book includes an account of hematoporphyrin, hematoidin, Charcot-Leyden's crystals, Florence's sperma crystals, and some peculiar crystals which are sometimes produced by hardening bodies in formol.

L'Insuffisance Hépatique.

The term "hepatic insufficiency" suggests a certain vagueness of meaning, and Dr. Gouget's definition is very comprehensive. His small work includes a discussion on all hepatic disorders, functional or organic. He is quite aware of the inappropriateness of the term "insufficiency," because in some of the disorders discussed he considers that there is an overaction of the liver. M. Gouget believes that alcohol exerts its baneful influence on the liver by inhalation as well as by absorption from the alimentary tract, and considers that cellarmen, workers in distilleries, and cabinetmakers afford instances of this. With other recent French writers he argues that cirrhosis is an indirect result of alcohol, being more immediately due to the gastric disturbances produced by it; but Gilbert and others would explain certain forms of cirrhosis of the liver by the direct invasion of the biliary passages by bacteria. Much attention is given to the subject of icterus, and the term so often used by French observers, "ictère hémaphérique," is brought into prominence with the warning, however, that "hémaphérique" is a purely hypothetical substance, or at best nothing more than urobilin (Quincke). German writers, more especially Gerhardt, prefer to speak of it as "urobilin jaundice"; but the low tinctorial properties of urobilin make it difficult to accept this term, the more so as von Jaksch asserts that in urobilinuria bile pigments alone are found in the tissues. Much of the difficulty which surrounds the subject of hepatic disorders depends upon the mists of theoretical speculation, and we

can but admire the efforts made by modern French investigators to replace theories by the facts of experimental and clinical research.

Erkrankungen der Gefäesse.

Professor v. Schrötter of Vienna has completed in two more parts the work upon the diseases of the vessels which he has been writing as a part of Nothnagel's Cyclopaedia. The first part contains articles upon dissecting aneurism, rupture of arteries, thrombosis and embolism, and a brief description of erythromelalgia and angioneurotic cedema and their allies. The injection of gelatine in the treatment of aneurisms as suggested by Dastre and Floresco, and adopted by Lanceréaux and others, has been tried in too few cases to warrant any conclusion being drawn as to its efficacy. In the cases treated by the author no harm resulted, though an elevation of temperature was noticed.

Fundamental Data of Modern Pathology.

Professor Monti in his first chapter deals with the doctrine of cellular proliferation, and though Virchow's celebrated theory is acknowledged, he shows considerable leaning to the heterodox opinions of Maggi and Altmann. One of the important matters dealt with is the value of the observation of karyokinetic changes in the cells of a tissue removed for suspected malignant disease. Hansemann and Cornil both state that the karyokinetic changes seen in malignant tumors are irregular as compared with the normal mitoses seen in the benign or inflammatory formations. Observations of this nature might be of great value in the examination of pleuritic effusions.

The second chapter is devoted to the study of the influence of bacteria in the production of disease. Professor Monti maintains that Bassi ought to share the place of honor accorded to Pasteur and Koch, because of his much earlier work on "musccardine" or silkworm disease. Buchner's investigation into the nature of bacterio-protein is referred to, and reasons are advanced to explain the difficulty met with in the attempt to consider septicæmia and pyæmia, as both being due to invasion of the body by organisms, while in one only does abscess formation occur. According to Buchner, suppuration only occurs when the organisms die.

Other chapters are devoted to the comparison of the present doctrines of cell proliferation and pathogenic microbes with other doctrines, and Professor Monti pays a graceful tribute to those advocates of the theory of spontaneous generation, who by their opposition raised questions which tended to substantiate the accepted doctrine of to-day.

Le Cancer du Sein
Étude Clinique et Statistique.

Professor le Dentu of Paris has written a book in which he gives a detailed analysis of 53 cases of operation performed in private practice for cancer of the breast, between the years 1872 and 1901. Of the 53 patients 36 are dead—31 from cancer, 5 from intercurrent disease. The 31 who died from cancer are divided into three classes: (1) Consisting of 13 cases who died with local recurrence; after one operation in 6 cases, after two operations in 6 cases, and after three operations in 1 case. (2) Consisting of 12 cases who died with local and general deposits; after one operation in 5 cases, after two operations in 5 cases, and after three operations in 2 cases. (3) Consisting of 6 cases who died from metastases without local recurrence. Of the 17 cases living, there are 7 operated upon less than three years ago—1 four years ago, 1 five, 2 six, 1 ten, 2 twelve, and 3 thirteen years ago.

The operation practiced by the author has varied with the development of knowledge. In the earlier cases only the breast was removed, the axillary glands not being exposed; in the latter the breast, lymphatic vessels, glands, and the pectoral fascia were always removed, and at times the greater part of the pectoralis major also. Professor le Dentu is skeptical as to the necessity or advisability of the removal of supraclavicular glands, believing that if these are enlarged the disease has probably spread to the mediastinal glands and is already generalized. He expressly states, however, that he is not opposed to the complete removal of the pectorals and the dissection of the supraclavicular triangle, believing that it is better to go beyond the mark than not to reach it. The one point not altogether satisfactory is the omission of an exact pathological account of all the tumors. In Case XVI., for example, the tumor is described as movable and clearly defined, the axillary glands were numerous, and the general health was good. The breast was widely removed and the axilla cleared. "The histological examination made by M. Damaschino has fully confirmed the clinical diagnosis." The patient is living, 13 years, 7 months, 15 days after the operation. The clinical diagnosis, on the evidence given in the history, should not have been one of malignant disease. Case XVIII., the patient being alive and well 13 years and 5 months later, is also open to serious doubt.

A Treatise on Plague:
the Conditions for its Causation, and Treatment.

The literature of plague is gradually accumulating, and one of the largest of the volumes on the subject is the "Treatise" by Major G. S. Thomson and Dr. John Thomson.

A chapter is devoted to the association of "rats and pest." The writers are not ardent sup-

porters of the idea that plague originates with rats, and declare that "man is liable because of his insanitary environment, whether the first germ be introduced by pest-suffering rodents, afflicted human beings, or fomites." In support of their belief they state:

"Our own servants' quarters, our own houses even, had refugee, pest-infected rats; and one of us turned out five dead rats from our clothes bag—within a week they had accumulated there—and no pest followed among natives even exposed to rat infection in such good sanitary surroundings. The fact that rats found under such conditions were pest-infected was proved repeatedly by necropsy and bacteriological and sub-culture tests, etc. Surely alteration of environment is easier and more universally applicable than extermination of rodents. It sounds nice to formulate—no rats, no plague epidemic; it is too ideal, just as the hankering after abolition of all disease by germicides is futile."

The mode of infection in plague is ably handled. The authors state that "Our Hong Kong experts maintained cutaneous inoculation was the most usual mode of infection, but further considerations show that its general occurrence is improbable," and it is evident that insanitary environment is regarded by them as the most serious mode of infection. Chemical disinfectants are discussed, and it is stated truly that "laboratory experiments may prove that the plague microbe is destroyed by certain chemical disinfectants, but the houses of the plague-infected are not laboratory test tubes." They also state "that plague cases have developed in houses that have been disinfected over and over again." Chemical disinfectants ought therefore, they argue, to take a quite secondary position in the minds of administrators—they are only palliatives. The keynote of the book is that plague is to be fought by sanitation.

Diagnostic der Geistes Krankheiten
für praktische Aerzte und Studierende.

Professor Sommer's book on the "Diagnosis of Mental Diseases" deserves a wide acceptance as a comprehensive description from the clinical point of view. In a short chapter on the origin and development of disease he discusses the question of degeneracy and bespeaks a stricter limitation of the term "degenerate" than is customary with Lombroso and his school. The normal condition, Professor Sommer points out, is a physiological not a morphological state, and therefore morphological alterations are of pathological significance only when these evidence abnormal function. Torus palatinus, abnormal shapes of the lower maxilla, sessile earlobes, etc., he regards as mere natural curiosities, and their exact measurement and description as a progressus ad infinitum which raises these stigmata into undue prominence.

TOPICS OF THE HOUR

The Professional, i. e., Ethical—Charlatan.

It is he [the professional charlatan] who will visit a sick child with a history of occasional, and apparently unprovoked vomiting, accompanied with obstinate constipation, and never suspect the real trouble until repeated clonic spasms or complete opisthotonus supervenes, and then more likely call it a "case of worms" than diagnose tubercular meningitis. It is he who will visit the bedside of the business man, and, eliciting a history of occasional attacks of abdominal pain, accompanied by nausea and vomiting, with no satisfactory subjective account of sufficient cause, never suspect a catarrhal appendix. It is he who will visit the promising young man whose every symptom points to a suppurative and perforating appendicitis, and because, perchance, he finds no actual tumor at, or any more tenderness over and about, McBurney's point, with little or no elevation of temperature and absence of abdominal pain, never suspect the gravity of the trouble until intelligent counsel is forced upon him, or septic peritonitis has claimed its victim. It is he who visits the bedside of the beautiful child that passes restless nights from pain referred to the knee, or its neighborhood, and will use his ointments, liniments, or blisters over and about the knee joint, and night after night, and week after week, lull the afflicted one to sleep by the use of narcotic drugs, and never suspect the real trouble until suppuration of the hip joint has progressed so far as to necessitate incision, curettage, and drainage, and possibly a resection of the head of the femur. It is he who will visit the mother of twenty-two years of age, suffering from metrorrhagias of a few months' duration, after a perfect former history of menstrual life, and tell her it is the "change of life" working on her, and that after a year or two, or three, she will be over it. The patient, steadfastly believing, attempts to tide over her supposed menopause, until either carcinomatous invasion has progressed beyond surgical intervention, a uterine fibroid grows until the contour of the abdomen attracts attention, or until the patient is completely prostrated by repeated hemorrhages from a fungoid endometrium. It is he who, when consulted by a female patron of from thirty-six to forty-eight years of age, with a lump in one of her breasts, will faugh-faugh at the idea of its being of serious import, until the axillary and supra-clavicular glands become thoroughly infiltrated, or carcinomatous metastasis to the stomach reveals the malignant nature of the trouble. It is he who will tell the confiding parents that the chronically enlarged and hard

superficial glands of their child's neck are of no moment—that it will outgrow them, etc.—and continue them in this belief until the deeper glands become seriously involved, thus converting what might earlier have been a minor surgical procedure into one of a serious and disfiguring nature, or until general tuberculosis results from his ignorant neglect. It is he who, non-satiated with murders galore of the mothers, babes, and youths of the community, will attend the bedside of the patriarch, suffering with all the train of ills of an hypertrophied prostate, and, calling the whole ensemble of symptoms "an attack of the gravel," proceed to dope with opiates and benumb the old man's sensibilities until death finally supervenes, and relieves both him and the patient of further trouble in the case. It is he who will thus ignore any and all of nature's timely danger signals, and lull those who confide in his pretended ability into dreams of health and security even after his attention has been called to the most recognizable signs of some of the deadliest pathological foes known to the science of medicine and surgery.—*Denver Med. Times.*

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Alleged Increase in the Morphine Habit.

Attention has been drawn to an article in a popular weekly journal entitled, "Morphine Tea Parties given by Women." The fashion, which is said to have originated in Paris, consists of the formation of what may be termed a morphine club. A number of ladies meet about four o'clock every afternoon, tea is served, servants are sent out of the room, the door is locked, the guests bare their arms, and the hostess produces a small hypodermic syringe with which she administers an injection to each person in turn. If one injection is not sufficient to satisfy any particular guest, a second, or even a third, is given.

Whether this is merely a piece of sensational journalism or whether it represents unexaggerated fact there is no convenient means of ascertaining; probably, however, it is only too true that alcoholism, morphinism, cocaineism, and other supposed means of getting beyond a monotonous daily life are becoming increasingly prevalent among women, and it is also only too true that there is no ruin so utter as a woman's ruin from such causes. Opium as a reliever of pain may still be regarded as "the gift of the gods;" but for those who use it for its mental effect it is fraught with the utmost danger, none the less because the one motive may merge so easily into the other, and none the less because of

the ease with which the subject of a single administration may stumble into an enthralling habit, for the greater the relief from one the greater is the danger from the other.

A consumer of opium of many years' standing, who writes in reference to this article to another weekly journal over the initials "G. W. B.," and claims as a credential that he is the discoverer of cyanide of arsenic (*absit omen*), would have its readers believe that it is only when an habitual morphine-taker is suddenly deprived of the drug that "wrecking" takes place, and that the direct action of the drug is much more beneficial than harmful. He quotes with approval the saying of a Dr. Browning, described as an insurance doctor, in regard to opium, that "we do not take it enough," and adds that there was no wonder the poor women mentioned in the article "tore their hair" madly when deprived of the drug to which they had become accustomed, for such an action "causes indescribable physical torment in the gastric regions, owing to a secretion of an indescribable irritating nature being formed." If it were not a well-recognized fact that habitual consumers of morphine are apparently, in the great majority of instances, quite incapable of habitually telling the truth, the opinions expressed in this letter would rise to the level of damnable doctrine, which should be ruthlessly attacked; as it is, they may well be disregarded.



Catchpenny "Cures" for Alcoholism.

If tuberculosis and cancer must be recognized as the two great scourges of earlier and later adult life in civilized communities, the assertion that syphilis and alcoholism stand next in order may probably be hazarded without much fear of contradiction. They do not indeed bulk so large in mortality statistics, for deaths due to them are brought about in a more insidious fashion, and they are sometimes rather predisposing or contributory agencies than the immediate cause of death. The mischief wrought by the two causes in combination has been elucidated in recent years by researches into the ætiology of general paralysis and other chronic nervous diseases, especially by the laborious investigations of Mott in England. But alcoholism alone, if it does not kill,—for a man takes longer "to drink himself to death" than the popularity of the phrase might suggest—produces a degree of mental enfeeblement in the individual, and of misery to his relatives, which is a heavy burden on the nation.

The old attempt to prevent the spread of syphilis has been abandoned, and the question is only likely to come within the sphere of practical politics when it has been more generally thought out on lines which accord with our modern knowledge of the disease and the means necessary for its efficient treatment. Still, an ever-increasing willingness on the part of legislators

to provide temporary State control over the individual for the diminution of various national scourges is manifest.

An open-minded view of the nature and treatment of alcoholism has given it an advantage as a practical question over its twin scourge syphilis which it was once far from possessing, and the means suggested therefore deserve careful consideration by the medical profession. Clearly the most promising plan would be to attack the evil of alcoholism at its origin, to apply the principle of the old saw, "prevention is better than cure." Schemes for diminishing the occasions and opportunities for acquiring the evil habit must, therefore, command the sympathetic attention of the medical profession. But we cannot forget that it is our duty also to endeavor to cure those who have already become the victims of alcohol.

The Br. Med. Jour. recently published an article giving some account of the claims put forward by the proprietors of certain so-called "cures" (mainly of American origin) for alcoholism on behalf of the treatments which they all vaunt with equal confidence as infallible. The claims are in some respects mutually destructive, for the several proprietors do not hesitate to speak of the methods of their rivals in trade in strong terms of condemnation. The published documents and private statements made by some of these persons reveal a mingling of ignorance and confidence which would be amusing, if we did not remember the tragic circumstances of those who not infrequently build false hopes on such asseverations. The ruined husband, the despairing wife, the heartbroken mother scrape together their last pence to make up the large fee which, it is promised, shall bring the magic bottles, or secure the administration of the wonder-working hypodermic injections which shall transform the drunken wife, husband, or son in two or three weeks into a sober, respectable citizen. The proprietors of some of these "cures" have denounced others as frauds and impostors. We are not disposed to quarrel with the terms. There is a musty old proverb as to the occasion when honest men come to their rights. It may apply here. At any rate, it is clear from the statements put forward by the proprietors of these "cures" themselves that their claims of certainty and infallibility are not supported by proper statistics or trustworthy testimony, and that, judging from the fees charged, the stuff sold might indeed be composed of liquid gold.

At the same time, we must guard ourselves against pessimism. If little or nothing is to be hoped from these "cures" shrouded in secrecy, and run for commercial ends by trading companies or private proprietors, that is no reason why we should appear tacitly to allow that therapeutics can do nothing to check the alcoholic, and to cure the pathological conditions which are in part the cause and in part the consequence of his addiction. It may fairly be asked whether

all is done that might be done in this direction in the inebriate homes. Their best friends must admit that they have not achieved all that was hoped of them. Complete failure is not rare, relapse soon after the patient has returned to his home is too frequent. Is this in any way due to a too absolute reliance on mere seclusion and abstinence? Is a systematic attempt always made to study the individual patient; not only his moral and intellectual defects, but his physical condition? We hear much of the need for dealing with his perverted will. That such need exists there can be no doubt. But is a corresponding attention given to his bodily ailments, to his deficient nervous and muscular tone, to his dyspepsia, his neuralgia or what not, which, in a person predisposed by heredity or congenital weakness, has often been the determining cause of inebriety? The motives of those who establish and conduct these homes are so highly respected that it seems almost ungracious to ask these questions; but we all tend to fall into ruts and to become the slaves of routine.

♦ ♦

Disinfection Against Mosquitoes with Formaldehyde and Sulphur Dioxide.

M. J. Rosenau, Passed Assistant Surgeon, Director of the Hygienic Laboratory, U. S. Marine Hospital Service, Washington (Bulletin, No. 6, of the Hygienic Laboratory, September, 1901), has made an elaborate investigation on this subject. The following is a summary of his conclusions: Formaldehyde gas is a feeble insecticide. Mosquitoes may live in a very weak atmosphere of the gas overnight. It will kill them, however, if it is brought in direct contact in the strength and time prescribed for bacterial disinfection. For this purpose any of the accepted methods for evolving the gas is applicable, but the methods which liberate a large volume in a short time are more certain than the slower ones. Direct contact between the insects and the gas is much more difficult to obtain in ordinary room disinfection against mosquitoes than against germs, because the sense of self-protection helps the former to escape from the effects of the irritating gas. They hide in the folds of towels, bedding, clothing, hangings, fabrics, and out-of-the-way places where the formaldehyde gas does not penetrate in sufficient strength to kill them. The gas is polymerized and deposited as paraform in the meshes of fabrics, which prevents its penetration, and large quantities are lost by being absorbed by the organic matter of fabrics, especially woollens. In Rosenau's tests, whenever the insects were given favorable hiding places, such as in crumpled paper or in toweling, they quickly took advantage of the best place for themselves, and thus escaped destruction. There is a striking analogy between the strength of the gas and the time of exposure necessary to pene-

trate the fabrics in order to kill mosquitoes, and the strength and time necessary to penetrate in order to kill the spores of bacteria. Mosquitoes have a lively instinct in finding cracks or chinks where fresh air may be entering the room, or where the gas is so diluted that they escape destruction. They are able to escape through incredibly small openings. Some of the smaller varieties, such as the *stegomyia fasciata*, can get through a wire screen having twelve meshes to the inch. Therefore, formaldehyde gas cannot be trusted to kill all the mosquitoes in a room which cannot be tightly sealed. It is concluded, that to succeed in killing all the mosquitoes in a closed space with formaldehyde gas, the following definite requirements are essential: A very large volume of the gas must be liberated quickly, so that it may diffuse to all portions of the space in sufficient concentration. The room must have all the cracks and chinks, where the insects may breathe the fresh air, carefully sealed by pasting strips of paper over them. The room must not contain heavy folds of drapery, clothing, bedding, or fabrics in heaps, or so disposed that the insects may hide away from the full effects of the gas.

Sulphur dioxide is unexcelled as an insecticide. Very dilute atmospheres of the gas quickly kill mosquitoes. It is quite as efficacious for this purpose when dry as when moist, where the dry gas has practically no power against bacteria. Unlike formaldehyde, it has surprising powers of penetrating through clothing and fabrics, killing the mosquitoes even when hidden under four layers of toweling in one hour's time, and with very dilute proportions. This substance, which has so long been disparaged as a disinfectant because it fails to kill spores, must now, Rosenau holds, be considered as holding the first rank in disinfection against yellow fever, malaria, filariasis, and other insect-borne diseases.

♦ ♦

Alcohol in Phthisis.

What is the modern field of alcohol in phthisis? Authorities of to-day in various countries show a remarkable unanimity of opinion. A great change has been wrought, but it affects the dose rather than the principle of exhibiting the remedy. For Flint's spirits ad libitum and Dettweiler's daily bottle of wine reinforced by stiff drinks of brandy, we have only to substitute the minimum physiological dose to get the modern status of alcohol as a remedy in phthisis.

The physiological action of alcohol is well known. It checks nitrogenous waste, promotes appetite, in small doses accelerates digestion, facilitates the putting on of fat, and slightly reduces temperature. It stimulates the heart and nervous system and favorably influences night-sweats and insomnia.

Alcohol should therefore be a valuable remedy

in phthisis, if all possibility of abuse is guarded against. All depends upon quality and dose. Now, as formerly, tolerance is an essential point, and the use of the drug should be forbidden to all in whom its action goes, so to speak, against the grain; and this prohibition includes all children. Patients may exhibit intolerance to malt liquors and yet derive benefit from spirits; even the season of the year plays apart in relative tolerance, for malt liquors seem to be more acceptable to some individuals in the hot months. It is generally agreed that alcoholics are best taken while eating, and if spirits are required between meals they should be given in the form of egg nog and milk punch. As a general proposition all spirits and strong wines should be given diluted.

♦ ♦

The Treatment of Whooping Cough by Irrigation of the Nares.

BY WALTER LATTEY, M. D.

The plan of treating whooping cough by irrigation of the nares is in my opinion well worth more extended trial, and as the management of the little patients is a matter of importance, I would venture to make the following suggestions.

The child should be rolled up in a shawl, so as to confine the arms, and laid face downwards on the nurse's lap. The end of a tube fitting the nostril (soft india rubber is as good as anything), and attached to a suitable syringe, should then be introduced, and the child having been told to open its mouth, tepid water should be slowly pumped in, followed by an antiseptic solution, which should be weak at first, so as to let the child get accustomed to it by degrees.

As the nares may be more or less blocked by secretion, if the fluid is pumped up quickly, some of it may pass down the throat; hence the necessity of proceeding slowly, and of using only plain warm water at first. Both sides should be done.

♦ ♦

Paralysis Following Influenza in Young Children.

CATHERINE SMITH, M. B., CH. B.

This year many children have been attacked by influenza. The cases seem to have run the usual course, but in five of these I have noticed that in periods varying from ten to twenty-one days paralysis has set in. In three the legs only were affected, while in the other two cases both the legs and arms were involved. There was muscular wasting and inability to move the limbs. One child was sent to the seaside; the parents became alarmed, and consulted a specialist, who told them the child had got anterior poliomyelitis, and would probably be paralyzed for life.

This case, however, followed exactly the same course as the others. In about two months all the cases got well and the paralysis entirely disappeared. The treatment employed was tonics and massage.

♦ ♦

The Effects of Civilization on the Red Man.

At the meeting of the Medical Society of the State of New York held at Albany, Dr. H. D. Lake of Gowanda described the changed conditions of life of the Iroquois Indians and their consequent physical deterioration. When the whites first came in contact with them they were magnificent specimens of manhood and womanhood; now they have decreased in average height and show a tendency to obesity. They have lost their great strength and their capacity to stand fatigue, cold, and hardships. They have acquired the vices of civilization, and its diseases have been introduced among them.

Alcohol has caused them to degenerate rapidly and has lowered their power of resistance to disease. Tuberculosis has especially proved fatal to them, and but for their wonderful fertility would long ago have destroyed the race. Pneumonia is seldom recovered from, or, if it is, it is followed by acute or chronic tuberculosis. Bronchitis is very frequent, and is liable to have tuberculosis grafted on it. A young man comes for the treatment of some apparently mild disease, and evidence of the ravages of tuberculosis is found in his lungs. An epidemic of syphilis among these Indians lasted ten or fifteen years. Now, according to Dr. Lake, they seem to be immune; it is rare to see an initial lesion among them, but the scars of the disease may be seen in the older men. They were treated by their medicine men with herbs, and no mercury was used. No case seems to have got well in less than two years. Syphilis has undoubtedly contributed to the degeneration of the tribe.

Gonorrhea now rages among them, and the women suffer severely from its effects upon the internal sexual organs. Altogether, the Indians have suffered by getting away from Nature. A marked improvement has, however, taken place among them in recent years as the result of the school training of the younger generation. They have been trained by athletic sports in the midst of their college work, and come back as magnificent specimens of humanity to retain their good habits and be a source of emulation to others.

♦ ♦

Treatment of Pruritus Vulvae.

BY T. GERALD GARRY, M. D.

I recommend the following simple remedy. Some four years ago a lady was under my care suffering from this distressing condition. All the usual remedies were tried but in vain, so the patient went to the city and consulted a specialist there, who ordered an injection of salt solution

(one tablespoonful to a pint of tepid water) twice daily. The remedy acted like magic and the patient has remained free from the pruritus since then. There was no local or pelvic condition to account for the trouble.

Book Reviews.

Ophthalmic Diseases and Therapeutics. By A. B. Norton, M. D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital; Surgeon to the New York Ophthalmic Hospital; Oculist to the Hahnemann Hospital, and to the Laura Franklin Free Hospital for Children; President American Institute of Homeopathy; Ex-President American Homeopathic Ophthalmological, Otological, and Laryngological Society; Ex-President Homeopathic Medical Society of the State of New York; Editor Homeopathic Eye, Ear, and Throat Journal, etc. With 90 illustrations and 18 chromo-lithographic figures. Third Edition. Revised and Enlarged. Philadelphia: Boericke & Tafel, 1902.

As the distinguished author says in his Preface to the Third, the present, Edition—"The necessity for a third edition of the 'Ophthalmic Diseases and Therapeutics,' so soon after the issuance of the previous edition, is an evidence to the author that his effort to furnish the student and the family physician with a concise, practical manual that will acquaint him with the everyday diseases of the eye and their homeopathic treatment is appreciated. In compliance with frequent requests for the addition of a repertory, it was thought best to extend the work a few pages in this direction. Dr. Edwin S. Munson, for a number of years collaborator of the New York Homeopathic Materia Medica Society, and for six years Assistant Surgeon to the New York Ophthalmic Hospital, was deemed especially fitted for this work, was invited to prepare the same, and kindly consented to do so."

This, the author informs us, farther on, has necessitated much greater time and work in its preparation.

With this addition the book remains much as it has been in its last edition, whose successful reception by the profession was proof-positive of its excellence, and which could not, therefore, be very greatly improved upon. The book has always been noted for its practicality, its graphic way of dealing with the mysteries of the eye-and-ear-big-words and what they ordinarily stand for; and now, with the augmented therapeutic notes by Dr. Munson, the book must be nigh perfect. We note that this volume is still dedicated to the brother who was associated with the First Edition, and who, in his time, was a Master in the Art. As to the homeopathicity of the book, no one has any doubt, issuing as it does from Dr. Norton, the gifted author, teacher, writer, and former President of the American Institute of Homeopathy.

Dr. Selden H. Talcott Dead.

Dr. Talcott, for a quarter of a century superintendent of the State Homeopathic Hospital for

the Insane at Middletown, N. Y., is dead after three weeks' illness. He was sixty years old. When he took charge of the Middletown Hospital, there were only one building and less than one hundred patients. Now there are twenty buildings and more than thirteen hundred patients. Dr. Talcott was widely known as an alienist, and his services were in frequent demand outside the institution. He was born in Rome, N. Y., July 17, 1842.

Globules.

—Fifty-five hundred students had conferred upon them the degree of M. D. during the past year.

—An oil made of three parts vaseline to one part lanoline is good to prevent the hair from falling out.

—Infectious diseases are practically unknown in Greenland. [And so, we might add, are a few other things.]

—"Keep 'em alive, boy! keep 'em alive!" said an old physician to his young brother practitioner. "Dead men pay no bills."

—A rickety head is flat on top, with enlargement of the parietal bosses, whereas a hydrocephalic head is spherical.

—Fat Esquimaux babies, when they die, are fried out by their afflicted parents for lamp oil. Thus ever is human misery made light of.

—It's true that you can't get blood out of a turnip, but neither can you get turnip juice out of a human being. Let us be fair to the turnip.

—"I've called," said the patient, "to see what you would give for an attack of rheumatism."

"Nothing," snapped Dr. Crotchet. "I've got an attack myself that I'd like to give away."

—Sir Morell Mackenzie long ago called attention to the fact that, in dangerous spasm of the glottis, the one thing to do is to set up reflex sneezing by tickling the nose with a feather or by use of snuff.

—Mrs. Jennie F. Crafts of Lynn is in the Homeopathic Hospital, Boston, suffering from tetanus, or lockjaw, that is attributed to vaccination. She was vaccinated at the hospital about May 20, while there awaiting an operation.

—Partnership wanted—By a young physician (ten years' experience), with an old-established physician who will retire in two to five years; Michigan, Ohio, or Pennsylvania preferred. Address C. C., care The American Physician.

The American Physician.

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Medical Progress

Hysteria and Nervous Dyspepsia.

BY E. P. HOOVER, M. D.

I have had most satisfactory results with Celerina, particularly in cases of hysteria and in cases of nervous dyspepsia. The combination of the ingredients of Celerina is well adapted to do what is claimed for it. I will cite four cases, as follows:

Bertha M. came to see me May last. She had acute laryngitis. The patient was of a very nervous temperament. She said she could not bear to be left alone, and experienced most annoying fancies, one of which was that someone was standing behind her, watching her every movement. I had patient under my observation for some time. Besides treating her throat, I gave her Celerina to take internally. When she saw me for the last time in June she said all the hallucinations had entirely passed away and she slept better at night. She still felt a little nervous when left alone, but nothing like she did before taking the medicine, which she continued using.

Case II. Mary C., married, called to see me regarding her ears. Both were very painful. The patient had not slept all night for weeks; very much run down from too close confinement in her office, being a typewriter. After performing paracutis in both drum membranes, she had in a few days entirely recovered from her ear trouble. She then requested me to prescribe something for her sleeplessness. She could not indulge in a vacation, and I found that her financial affairs was the real cause of her loss of rest. I gave her Celerina, and will say that I never saw anyone improve as she did. To use her own words, "I will always remember you, not only for your kindness in treating my ears, but for giving me a remedy for my incorrigible nerves. I shall in future have a bottle handy to take when necessary."

Case III. Thos. J. was brought to my office, July 15, by a friend. He was prostrated by the heat, but not unconscious. He had recently been ill from nervous prostration, and the day I saw him he had just arrived from Boston.

When he left for home I ordered a bottle of Celerina for him to take with him. On August 8 he called again on me, saying he was in New York and stopped by to tell me the Celerina was most beneficial to him and he had recommended it to a relative, who was taking same.

Case IV. George B., acute catarrh of the middle ear, right. His mother said he had lost considerable flesh just six months previous to the pain in his ear. His appetite was fair, but always after eating would complain of a disagreeable sensation in his stomach, and would have eructations of gas for some time, besides some food would come up. He was a high-strung boy and could not sit still, and had twitchings at the mouth. The family physician had been prescribing for him with little success. I asked her to try Celerina, and after using same for some time she noticed considerable improvement.

The Baby's Care.

Bismarck, North Dakota, June 17, 1902.
Messrs. Reed & Carnrick, Jersey City, N. J.

Gentlemen: I have just received a little book "The Baby's Care," which you kindly sent me. After carefully reading it, am much pleased with it. A good deal of the work here is in the country, and although I generally try to leave instructions to cover emergencies, there are many things that I fail to anticipate, or when the emergency arises the persons have forgotten my instructions. A book like the one you sent me would be very useful to leave with country patrons who have babies or young children, and I would be very much obliged if you would supply me with several copies.

Yours very truly,

F. R. Smyth, M. D.

Reed & Carnrick would be pleased to send a copy of the book to anyone asking for it.

Announcement.

The Sixteenth Yearly Post-Graduate Course in Official Surgery by E. H. Pratt, M. D., will be held in the amphitheater of the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, Ill., during the week beginning with September 8, 1902; having a four-hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

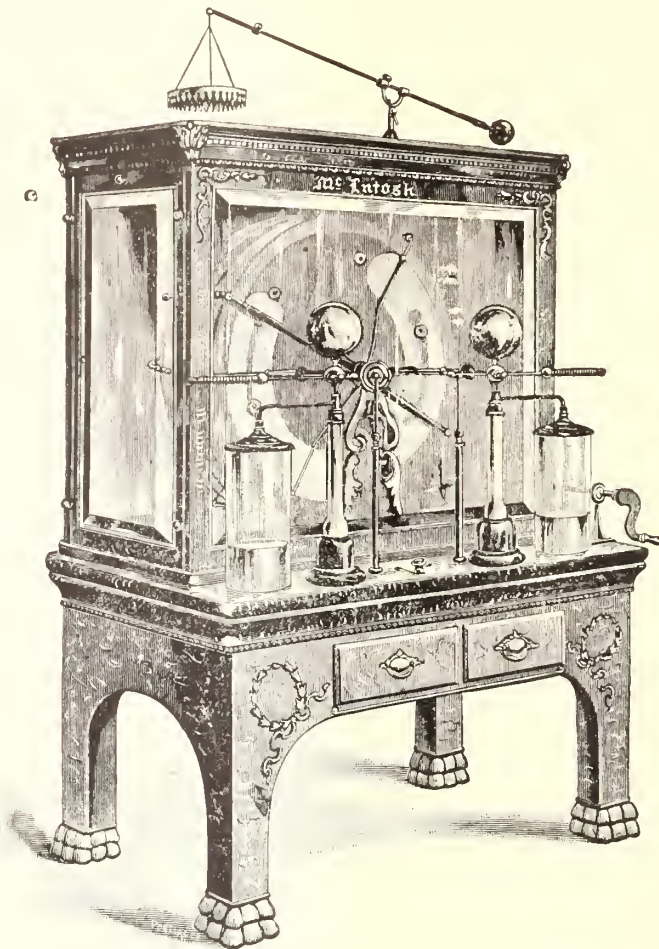
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The American Physician

AUGUST, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



THOMAS L. SHEARER, M. D.,
BALTIMORE, MD.

THE NEW YORK REHABILITATION.

THE "revereration" (renovation) of the New York Homeopathic Medical College has produced a somewhat conglomerate affair. First, there was a complete emptying out of the faculty. All power was taken from them, and they themselves put on the outside of the door. Then the Trustees took a hand in the game, and called Wm. Harvey King, a most excellent gentleman and manager, to the chief place, with instructions to surround himself with such associates as would re-establish confidence in the old school of Helmuth and Allen. And this Dr. King has done with all the power at his command. He has put A. B. Norton into Ophthalmology, Tuttle into Gynecology, Seward and

Nash into Materia Medica, Helmuth into Surgery, and others of equal celebrity into other chairs, and given them as associates other good men and true. There will be good teaching of Similia once more in these halls of Homeopathy.

And, yet, alas! we believe that an opportunity for doing something different from all the other schools has been missed. As reorganized, the New York school, with all its excellent officers and teachers—and we except none—has simply put itself back on the eleemosynary basis. It is asking the best talent it could secure to give its best services for—nothing! It seems strange that this lesson is so hard of learning: that from nothing nothing comes. No man in active practice can afford to neglect his professional work to teach, or work, for nothing. For a little while the novelty of Professorship will serve as ample compensation. But presently it becomes an old song; it is dead-sea fruit; the work is shirked every time a big silver dollar elsewhere beckons; and from the half dozen associates in the chair some less busy man will be required to do the work. Whereupon the then Board of Editors of *The Chironian* will point veiled and unveiled hints concerning neglect and indifference in the teaching corps. Compare the long roll of teachers which graced the roster of this eminent school before the recent exodus, and you will find few schools anywhere endowed with finer names—NAMES. "Why were these NAMES turned out?" This school has no need to work on the eleemosynary plan. It is richly endowed—one of six or seven in America—and more coming, with proper behavior, to have raised it to the grade of a State University, where men are employed and paid for what service they give. In the ordinary commercially conducted college, where no money is in sight for the teachers; where the "good-of-the-cause" is the prime motive—apparently—unless we translate that "cause" to be the cause of No. 1, we are

constantly regaled, and our ears pierced with petty quarrels and jealousies and internecine strifes. As a rule it is a political circle, with a side-line of medicine. If New York had gone a step further in its desire to rehabilitate its schol, and put in seven or eight *salaried* professors, and given these seven or eight such assistants as they might require, then there would have been some such startling change as would have drawn the eyes of the homeopathic world to New York! With a star-professor in each of these seven or eight chairs, the New York school would have swept the country. Look at it from a mere business standpoint, and note if this is not a true statement of the case. As it is, excellent as it is, in its rejuvenation, well filled as it is with its New York unpaid-for-glory-working-physician-professors, New York college has again taken its place with the other commercially conducted colleges of the land. And there is no good reason why we should send our student to New York rather than to Cleveland or Chicago or St. Louis. There is no choice. Or if there be any choice it lies in favor of the home college because of proximity to the paternal bread-box and potato-bin. The pity of it is, that in its own alumni the New York college has men of such eminence that it need not have gone outside of that bead-roll of fame to find these most able and successful writers, authors, practitioners, and teachers.

* * *

THE HUGHES MEMORIAL.

ONE of the sad things of the last past Institute session was the memorial proposed in honor of the late Richard Hughes of England, whom the Institute always loved and honored. A letter was read from the President's desk stating the straitened circumstances in which this eminent homeopath had left his family—the wife having been totally blind for many years. Under the motion of Dr. McClelland a substantial purse was made up and more promised. Dr. Hughes was one of those truly great men who give and give and give, and think but little for the possibilities of that later time in their own life when others may be required to give for him or his dependent ones. Men in England are not so likely to pile up a fortune in medicine as with us. All of our English brethren are hard workers, and above all that, hard students. They are

very conservative, conscientious, and painstaking. There are a number of men in England who have given the major part of their lives in preparing books and literature for the benefit of the craft, which has taken up their time and brought in no amount of money commensurate with the outlay of time and labor. Dr. Hughes was a foremost man in this direction. He has done wonders for homeopathy, not only in England, but throughout the whole world. We beg, however, to differ with the speakers at the Cleveland Institute who assumed that the eminent departed left his family in dire need. We do not believe this. Dr. Hughes had some revenue from his various publications; some of his books are now going through the print shop; he has a son either practicing medicine or just ready to begin. The doctor himself withdrew from the medical profession after the meeting of the International Congress of Homeopathy at Paris, and gave himself up to the pleasures and delights of church work. As the doctor was in apparent good health, his withdrawal from a paying-practice of medicine to engage in church work, which was unremunerative, must argue against any dire poverty. But it is a great fashion to look to America for money. Everybody who lives in America has money—lots of it. Some years ago—was it not at the time of the last meeting in America of the International Homeopathic Congress at Atlantic City?—a certain prominent English homeopath said he would grace our convention if the Institute would pay his expense over and back. It is also another fashion for the American to salve his conscience in the event of accident, injury, or death by passing the hat and taking up a generous subscription for the widow. Our foreign brethren laugh at us and hold us in scorn for this very making of money and throwing it away. If the Institute, or the members outside of the Institute, want to testify their appreciation and love for Richard Hughes, let them make up a neat memorial to his memory, but drop out the poverty part of it. No one now living would condemn such poverty appeal more decidedly than Richard Hughes himself.

"God and the doctor we alike adore,
But only when in danger, not before;
The danger o'er both are alike requited,
God is forgotten, and the doctor slighted."

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Cimicifuga Racemosa.

Dr. L. B. Nash¹⁵ calls attention to an important symptom of this drug, as follows: "Rheumatic pain in the muscles of the neck and back, a feeling of stiffness and contraction or retraction." My old preceptor, Dr. T. L. Brown, cured many cases of the kind. I have done the same and do not know of a remedy more frequently indicated and efficacious. Now, when we come to those other two symptoms found on page 193, "Regionals," "stiff neck from cold air, or from even moving the hands," and "Severe aching pain in the lumbar and sacral regions, down the thighs and through the hips, with heavy pressing down." Also (page 162) under "Female Sexual Organs"—"Severe pain in the back, down the thighs and through the hips, with heavy pressing down" it seems that one has a very important back remedy in *cimicifuga*. And so we have.

Perhaps someone will object that this last symptom is in connection with menstrual troubles, and therefore ought not to be classed with those having to do with lumbago, which is a rheumatic affection of the lumbar muscles. This makes no difference as long as the fact remains that *cimicifuga* is pre-eminently a rheumatic remedy. Now in muscles of the back, and again, menstrual troubles may also be of rheumatic origin. There is no reason why the rheumatic affection may not alternate in its manifestations between back and uterus (which latter is also a muscular organ), or even exist in both places at the same time, which, in fact, is often the case. Both the pathological and symptomological indications being present, the indicated remedy must relieve if relief is at all possible.

Thuja in Eczema.

Dr. J. G. Randall:¹⁷ Dry, scaly eruptions on head extending to the temples, eyebrows, ears and neck, with itching and tingling. Skin very sensitive to touch. Burns violently after scratching. Eruptions only on covered parts, worse after scratching. There are only a few of the remedies that we will find useful in this disease, which so often baffles our best specialists and torments our patients almost past endurance. But I am more and more convinced that if we would only read more on the symptomatology of our case and select our remedy more to cover these symptoms and not give so much time to ointments and lotions, we would have far greater success. Do not misconstrue my meaning that

we are not to use every means at our command to cure our patient, but I think we rely too much on external application and too little on the internal, for I think you will be many times agreeably surprised at what a high potency will do if carefully selected.

Pulsatilla in a Case of Rheumatism.

Professor H. V. Halbert³ says it is not often that we think of this remedy in the treatment of rheumatic cases, and in all probability it would not apply in the severe cases of rheumatic fever. Without doubt, however, it does apply in some of the minor attacks, and we should give it the consideration which it demands.

First, we find in the physiological action of the remedy that it acts upon the synovial as well as the mucous membranes, but in connection with this we invariably find a deranged digestion which gives a flatulent colic, with some abdominal pressure and pains.

Again, we find its action is pronounced on the cerebro-spinal system, and, hence, a neuralgia or myalgia are features of the symptomatology of *pulsatilla*. These rheumatic cases to which it is applied are probably more nearly allied to a neuralgia or a myalgia. Still in the symptomatology of *pulsatilla* we find redness and swelling of the joints characteristics. We also find drawing and tearing pains in the limbs; pains which shift rapidly, which are worse from warmth, which are really relieved when the parts are uncovered; then, too, there is a sensation of numbness and heaviness, with a burning and itching of the skin, hence we can see why the symptoms are worse from warmth and better in the outdoor air. *Pulsatilla* has fever with chilliness, and this is a condition in many of the rheumatic states.

The Local Use of Arnica.

According to Dr. C. H. Evans,³ although the use of *arnica* as a "vulnery" antedated the time of Hahnemann, and although its provings and clinical application have been abundantly confirmed, this remedy is not used to the extent that it deserves. The reason for this lessened local use of *arnica* is due, no doubt, to the inefficiency of the tinctures sold in the corner drug stores, which are made from the dried flowers, often rendered still more worthless by a parasite known as the *arnica fly*. Another reason is that the widely advertised and overpraised watery extract of *hamamelis* has become so popularized that it has usurped the place of *arnica* in professional as well as in common usage.

Mention has just been made of the tincture prepared from the flowers; that obtained from the root is far superior and can only be procured at our own pharmacies. The virtues of this

plant are contained in its root either in greater degree or in consequence of certain elements not present in other parts of the plant.

Case. R. B., æt. forty-two, machinist, had his foot caught and severely wrenched at the ankle joint. The skin of the entire foot, ankle and lower part of the leg, with the exception of a few patches of white skin, was blue and purple with ecchymosed blood; pain was intense and the foot was swollen out of all resemblance to that member. Neither fracture or dislocation of any of the bones had occurred. I directed a lotion to be prepared by mixing a teaspoonful of the tincture of the root in a pint of moderately hot water. Compresses dipped in this solution were then applied so as to cover all the injured region and the whole surrounded with a doubled piece of blanket. Absolute rest of the parts was maintained by pillows placed along the leg and under the calf, so as to retain the extremity in the position secured by the application of a long splint.

Under this treatment the excessive pain soon became bearable and by the next day the patient enjoyed reasonable comfort. It is impossible to convey by mere words the rapid improvement that took place in every particular, each day showing marked changes over the previous one until complete recovery took place.

Up to a year ago when I lost sight of him, six years had elapsed since the accident without any inconvenience resulting from it.

I have selected this case for illustration from dozens of other instances for the reason that two capable physicians of the dominant school, who saw him at the time of the accident, expressed the opinion that abscess would surely follow, with a possibility of amputation.

A Study of Arnica Montana.

Dr. Richard Haehl,³³ in a study of the symptomatology of *arnica montana*, considers the following four spheres of action the keynotes to a proper understanding of the drug:

Firstly, it induces severe pains, as if a contusion or bruise had been sustained. Every portion of the body, but especially the muscles, feel as if beaten. Joint pains develop, as if after violent overexertions or sprains.

Secondly, *arnica* affects the venous system, inducing stasis, ecchymosis, and hemorrhage.

Thirdly, diarrhea is induced. Even small doses will induce frequent, dysenteric stools, accompanied with muscular pains. (Compare *baptisia*.)

Fourthly, *arnica* produces a train of febrile symptoms closely related to typhoid fever.

Picric Acid.

Geo. Royal, M. D.,³² says: "While I am not a believer in 'favorite remedies,' and while I try not to fall into a pernicious habit of routine prescribing, nevertheless I am forced to confess

that I use certain remedies more frequently than others. Some of these remedies are polychrests, others are not. Among the latter class I find in looking over my casebook that I prescribe picric acid most frequently, and that I obtain the most satisfactory results from its administration.

"A large class of my patients are what might be called 'brain workers'—as high school pupils, college students, professional and business men and women. Of the totality of symptoms I find 'occupation and habits of life' the most prominent for picric acid.

"The second item of importance is the mental condition. These patients first become despondent, then irritable, and finally indifferent. When this last stage is reached the mental processes are slow and the irritability usually disappears. Mental exertion always aggravates the patient during the first two of these three stages, but is less apparent during the third; although the general prostration is noticeably increased by mental application.

"The headache of the drug—a violent throbbing occipital headache, with pains of similar character shooting down the spine—is most pronounced during the second stage of the mental symptoms. During the third stage the character of the pain changes and becomes a severe, dull ache, sometimes expressed as a 'heavy ache'; or, again, like a 'lump of lead' felt at the base of the brain. The violent, throbbing headache is often accompanied by noises in the ears, which noises make hearing difficult.

Carduus Marianus.

G. W. Harvey, M. D.,⁴⁰ believes that *carduus* is one of the most marvelous remedies in our whole materia medica and he is patiently waiting the time when it will be placed among our specific medicines and given the prominence that it deserves. It is the remedy par excellence in certain chronic diseases of the liver and spleen, and the indications for its exhibition are so plain that any student can prescribe it with the utmost certainty.

Given a case where there is venous stasis, with the true veins enlarged and clogged with blood, and you have a positive indication for this remedy, no matter what the other symptoms may be. The veins may be either small or large, it acts just as positively. He cured one case where the veins from the hips to the toes were as large and hard as twisted inch Manila rope. You could feel them on the limbs through all the clothing anywhere like so many cords.

Carduus should be given for a long time, as it acts slowly. The dose is three to five drops three times a day, and may be given in combination with any of our specifics that may be indicated.

Cardiac Stimulants.

Dr. Jos. M. Patton,⁴⁰ in a paper on the cardiac stimulants, described a group of drugs which exercise both a tonic and stimulant action upon the heart. He dealt especially with digitalis, strophanthus, sparteine, caffeine, and strychnine. The great indication for their use being insufficiency of the heart muscle, irrespective of any valvular lesion. Digitalis is the most important of the group. It is generally contra-indicated in the following intrinsic cardiac conditions, viz., mitral stenosis, aortic disease, and myocardial disease. In mitral regurgitation alone especially, or even when combined with stenosis, it is of value, as it often is in double aortic disease, but in the latter only in the early stages. Acute myocardial degeneration as a rule precludes its use, but in chronic myocardial inflammation and degeneration it may be employed with caution. In the senile heart, small and prolonged dosage is beneficial. Digitalin was favorably mentioned, as Beates had suggested, in larger doses than are usually employed. The advantage of combinations with vasodilators, especially nitroglycerine and sodium nitrite, was referred to. Intolerance of digitalis or too large doses are apt to product dizziness, faintness, and irregular heart action. As to the cumulative action of the drug, the writer said he had never seen it, and believed that its toxic effect was overestimated.

Digitoxine was referred to as the most poisonous as well as the most powerful of the alkaloids. Merck's digitaline was mentioned as a safe, reliable form, probably the best in which to use the drug, giving 1-12 to 1-8 grain: to the dose. Jacoby says children bear relatively larger doses than adults.

Strophanthus is not to be depended upon in muscle failure to the extent that digitalis is. It is of value probably in mitral stenosis with dilatation and weakening of the auricular wall. The tincture is the best form in which to use it.

Sparteine is of value in nervous irritability and in myocardial weakness or disease following infectious fevers. Most valuable when prolonged use is indicated. It is rapid in action, and in urgent cases could be employed for its prompt effects, digitalis being given if necessary. Dose of the sulphate 1-2 to 2 grains. Caffeine is of value as a stimulant diuretic in nephritis.

Strychnine ranks next to digitalis in its range of usefulness. It can be used in any lesion at any stage. Brunton says strychnine may have some cumulative action by contracting the arterioles and thus hindering elimination. It is adapted to the treatment of senile lesions. It is less well borne in the young than in later adult life.

Canadian hemp and suprarenal glands were spoken of, but in the author's opinion were of little value in the condition herein considered, though according to Forchheimer adrenal ex-

tract seems to have a tonic action on the heart muscle.

Remedies in Infantile Constipation.

Dr. D. R. Overman¹⁴ gives the following:

Alumina 6x.—The stool is soft and papescent, sticking to the anus like putty. Child has no desire to go to stool. Stool slow in passing, caused by dryness and inactivity of the rectum.

Bryonia 3x.—Stool large, dry and hard, as if burnt. Soreness in abdomen. "Constipation after castor oil."

Calcareo Carbonica 3x.—Hard, light-colored stool, undigested. Rickety children with offensive fluid oozing from anus.

Graphites 6x.—Atonic constipation—obstipation. Stool very large and difficult to expel, consisting of small balls bound together by mucus; fissures ani; eczema—itching in rectum after stool. Fat, greasy children, with skin eruptions.

Lycopodium 6x.—Constipation, attended with colic and flatulence. Stools, first part lumpy, second part soft. Child inclined to linger at stool. Urine red and sandy, staining diaper. Has many symptoms of *carbo vegetabilis*, with which it may be alternated, and by which it may be followed in case of failure.

Nux Vomica 3x.—The chief remedy in constipation. "When in doubt play a trump," applies to nux in constipation. The remedy par excellence in constipation alternating with diarrhea. "The child strains and grunts, but passes little or no stool."—Raue. Child cross and fretful. The mother addicted to use of condiments and strong coffee.

Plumbum 12x.—Obstipation in infants. When the moisture of the feces has been absorbed, making stool dry, hard, and crumbly, blackish or green, like sheep dung. (Opium.)

Sulphur 30x.—Habitual constipation with burning and itching in rectum, when at stool; atrophy and malnutrition; intestinal indigestion; "lips red, tongue dry and papillæ prominent through a dirty coating; hunger between meals; dry, unhealthy skin."—Raue.

The Aethusa Heart.

Dr. T. C. Dunham¹² says when you meet a case that cannot tolerate milk for hyperacidity, do not overlook the heart. We may expect these cardiac symptoms: "violent palpitation of the heart, palpitations which resound in the heart, palpitation with vertigo, headache, and restlessness" (vide mitral insufficiency and hypertrophy). The pulse will correspond, being "rapid, hard, small," at times "irregular" and possibly in severe cases "imperceptible," especially if there is great prostration. The key to the aethusa case is the intolerance of milk. If a child, watch for valvular lesions; if an adult, examine the heart and prevent valve injury.

CURRENT COMMENT

By **SHELDON LEAVITT, M. D.,**
Prof. Gynecology Chicago Hom. Med. Col.

Evidences of Non-Solidarity.

"An exasperating case of faltering loyalty has recently come to our knowledge. A gentleman of homeopathic education and practice who has risen to some prominence in the profession, and who has a very reputable standing in his community, has been calling a certain gynecologist of our acquaintance as a consultant and operator. He has also consulted other homeopathic physicians relative to his cases, and has been a frequent visitor at homeopathic hospitals, post-graduate courses and society meetings. . .

"For some reason he has become 'miffed.' For the sake of discussion we will grant that the consultations and operations of these particular consultants were not satisfactory. That he had 'reasons' for not desiring them to assist again. But what does he do? He calls a 'red-hot' old-school operator from the 'red-hottest' old-school faculty in the country, and puts his patients in his hospital. What does this action do? It gives him 'the laugh,' and, of course, humiliates every homeopathic practitioner of his acquaintance. . .

"If homeopathic practice, surgery, and gynecology are not equal to all occasions, then, of course, this man's actions are excusable; but if they are, liberality in practice does not mean extravagance and 'giving away' the whole principle involved. If the entire profession, or a very great fraction of it, are like this man, without professional loyalty, then the sooner we turn our colleges into livery stables and beat the clasps upon our medicine bags into fishhooks the better."—The Medical Century (Editorial).

Homeopathy labors under some discouraging disadvantages which emanate from the minor position that it holds in point of numbers as compared with the old school. We call the latter the "dominant school," and so it is, despite our loud claims concerning the wealth and influence of our clientele. In the army and navy, in the universities and public hospitals, and in the minds of the masses, homeopathy is relegated to a minor position.

As compared with former days it is relatively stronger and its practitioners more numerous; but the rate of progress is not what it once was. And why? Well, this is what I purpose briefly to tell you, and I pray you to weigh carefully my allegations.

1. We are more conservative in the sense of being moderate and reserved. Complaisant would probably be a better word, though one can be polite in manner and guarded in de-

meanor and yet be tremendously radical and dogmatically strong. Our fathers fought a good fight and we are too content now to enjoy the fruits of their harassingly qualified victory. We have been too quick to hurrah under an impression that we have wonderfully triumphed when we are in possession of only the original outworks, are obliged to be constantly in the defensive attitude, and the enemy is spreading out beyond so that the little we do hold and rejoice in will soon be of small practical value to us.

Now what homeopathy needs to-day, and what it must have if its independent value is to be maintained, is an aggressive spirit. We have been too long like scholars on the bench, by nod and by spoken affirmations drinking in all that the regularly qualified and appointed teacher has sought to give us.

I have no room for elaboration here; but anyone who will take a judicial survey of the field will at once recognize this as one great evidence of the weakness which is working a decadence in our ranks.

2. We have not stood together. What could not be accomplished through force is being wrought through strategy. Those who once posed as enemies have put on the garb of friends, and we have not discerned the artifice. We have been lulled into silence by friendly words and plausible assurances. But this is not the worst part of the effect. The enemy has encouraged dissensions and has industriously proclaimed that there are few practical differences between the two schools. To be sure, they have reduced the practice of many in our school to nearly an identity with their own; but, after all, the truth is that ninety-nine out of every hundred of our men pursue a practice which well entitles them to homeopathic commendation, and a practice as widely differing from that of the old school as the two ends of a uterine sound. Moreover (and this is a point which these observations are intended to emphasize), under the influence of the spirit of specialization in practice, too many—far too many of our number—have been led to utilize the services of the old school for such of their patients as have demanded special treatment.

It is right here that we are most weakening

our own hands, and undermining our own structure. A practitioner who has a patient demanding surgical or other special attention, though he knows that we have competent men in the several departments within our own ranks, is often led to turn him or her over to old-school specialists under the knowledge that the latter have greater opportunities to acquire skill by reason of large hospital connections or more numerous patrons. Now, first of all, the man who does the most work is not always the safest man to trust ourselves or patients to. But the particular point here sought to be made is that by the practice mentioned we weaken the cause, and will ultimately bring disaster upon our own interests. There are plenty of good homeopathic specialists, men who will be just as likely to effect the best results as can be found anywhere. Stand by them, then. Don't be sidetracked; and the augmented experience which you will thereby give them, together with the mutual advantage afforded by our distinctive therapeutics, will ultimately place them, and their successors, head and shoulders above those by whom our tenets are not practiced and by many of whom they are not even known.

The editorial from which I have quoted the fragment at the head of this comment was well-timed, and offers the practitioners of homeopathy wholesome advice. Let us to our own selves be true. It is a dirty bird that will foul its own nest.



Danger from the Common House-fly.

In a preliminary report made by Dr. Jacolyn Manning, published in the Journal of the American Medical Association, attention is called to the danger of infection dissemination by the housefly.

Of course the fly has been recognized as a source of possible infection by physicians, and measures for protection against it have long been adopted; but the results of laboratory research to determine its exact possibilities have not often been reported.

Dr. Manning subjected forty-four culture tubes to infection with the following effects. Forty-one of them showed colonization at the end of forty-eight hours, and three tubes remained sterile.

Among the pure germ cultures obtained were the following: *Bacillus pyocyaneus*, *bacillus*

typhi abdominalis, *bacillus coli communis*, *staphylococcus pyogenes aureus*.

Many nonpathogenic germs, molds, and fungi were also found.

That there were germs which escaped recognition is quite probable; and the knowledge thus collated is worthy of association with that recently obtained concerning the pathogenic medium of the mosquito.

The Public Health—A Sarcasm and a Suggestion.

BY LYNN A. MARTIN, M. D.,

Binghamton, N. Y.

The excessive development of our philanthropic nature has been for centuries our most characteristic feature. The physician is the personification of mercy, generosity, and self-sacrifice. He always yields gracefully to whatever demands are made upon his time, purse, or profession. And so, in time of need the public turns to us and takes our best and our all as its just portion. And no one says them nay. As a beggar once said to a doctor who upbraided him for calling so often, "Where should I go but where I get things?" We are the buffer between the public and disease, discomfort (mental and physical) and death.

The plague no longer decimates Europe; yellow fever has ceased to be the horror of the tropics; typhus is rare in its former haunts; scarlet fever and measles are tamed; diphtheria manageable; gangrene and puerperal fever almost unknown. For all of which we are duly grateful, and for which the profession deserves more than a vote of thanks.

But the doctor's income suffers in consequence. Smallpox is on a rampage at present, but not of its former destructive type. If, in the war of 1860, it took three thousand bullets to kill a soldier, how many calls on malignant disease will it take to kill a doctor? The service of the soldier is unquestioned, and he deserves his pension. But how about the bravery of the doctor, and his value to the country as a fighter for life and liberty? But is the doctor ever pensioned, or homes maintained to sustain him in his declining years, or when accident or disease lays violent hands upon him?

Charity should cover a multitude of indiscretions? but how can we better help others than to help ourselves? We must rise or fall together.

No intelligent merchant puts up a guard to stop business and curtail his income. Because we have always given, must we give in perpetuity? As business men we have become imbecile. The financial side of the public health needs "a list to starboard." The doctor's in-

vestment in public charities is out of all proportion to the returns.

The public dispensaries and hospitals for the insane, tuberculous, epileptic, crippled, blind, lying-in, and contagious diseases, write us in red ink at our bankers.

The man in town no longer needs a family physician. He reads "Science and Health" or "First aid to the injured," and goes to the dispensary 'round the corner, or calls a cab and goes to the hospital.

Philanthropy is the great cry of the age, and we can each do a little in some direction, but there are few of us who can compete with the Steel Trust or Standard Oil magnates.

While philanthropists are building libraries, hospitals, and homes, what is the objection to a home for ancient and honorable physicians, the men who have made the charity hospital possible?

The joy of the practice of medicine lies in the ability to give and to do; to do nobly and to give generously. "He that giveth to the poor, lendeth to the Lord"; but he that giveth to the "public health" impoverishes his family. Everything possible should be done at all times for the sick and suffering, but why, in all of our charitable institutions, is there provision made for all expenses save those of medical attendant? Are our services of so little value? Are we of less consequence than the janitor? What we need is more business (or its equivalent), not less, or else adopt the Chinese system of having the public pay for being kept well.

Some of these things may be said in jest, but if you are to live by the perspiration of your intellects, they will merit your serious consideration.

Give the doctor a chance, and in the words of a famous R. R. President, "The Public (Health) be d——d."

Cocculus Indicus.

BY M. E. DOUGLASS, M. D.,

Lecturer on Physiological Materia Medica at Southern Homeopathic College, Baltimore.

This plant, commonly known as "Indian Cockle," belongs to the natural order of Menispermaceæ, and is a climbing shrub, with corky, ash-colored, deeply corrugated bark. The flowers are small. The fruit is a dry, light, roundish nut, one-half inch in diameter, grayish-black, wrinkled externally, with a white, thin, internal shell, containing an oily, whitish-yellow, odorless, but intensely bitter seed, not filling the cavity.

Its habitat is in Malabar and the East Indian Islands. It was principally used for stupefying fish. Mentioned by Hahnemann in 1805.

The properties of cocculus seem to be fully

represented by its alkaloid cocculine, or picrotoxine. The substance crystallizes out of a clear solution in stellate bundles of colorless shining needles, free from water of crystallization. It is odorless, neutral in reaction, and bitter in taste; very highly soluble in alcohol; soluble in ether, amyl alcohol, and chloroform; also soluble in aqueous solutions of alkalies and of ammonia, and in concentrated acetic acid; but not very soluble in water.

The shell of the seed is bitter and acrid; the seed itself is also very bitter. The substance of the seeds introduced into the stomachs of quadrupeds operates upon the spino-cerebral system in such a way as to cause trembling, tetanic convulsions, and insensibility, and in large doses becomes fatal. Deadly effects of a similar kind are induced by cocculus in fish, whence it is employed as a fish-poison.

When cocculus is swallowed by man, its action appears to be exerted chiefly upon the muscles of volition. If used in the brewing of beer, as a substitute for hops, it gives the drink more "bottom," and renders it more intoxicating. The intellectual faculties appear to be less influenced by it than the muscular powers. No chemical antidote is known, but if taken in excessive quantity, relief appears to be given by acetic acid.

The poisonous action of picrotoxine is remarkable and important, leading to the belief that the abandonment of cocculus as a remedy by many physicians has been a singularly unwise step. There is a general resemblance to the phenomena of strychnine, but this is not so accurate as has been represented. Falk observed that fish made twisting and loving movements, with intervals of quiet swimming. Roeber found that frogs had violent tetanic convulsions, with intervals of stupor, and a notable protrusion of the belly from overfilling of the lung with air. Small doses, 1-30 to 1-15 of a grain, produced restlessness, weakness of movements, sinking in the eyes, somnolence, occasionally a temporary loss of reflex irritability, which afterward became active again, and, in fifteen minutes, attacks of opisthotonos (with distention of the belly), at intervals of half a minute, semicircular swimming movements, winding up with violent tonic spasms, and violent noisy expulsion of air from the mouth. Then came an interval of exhaustion, followed by emprosthotonos, and most singular movements of the hinder limbs. The attacks increased in number and severity, but death was not induced for several hours, sometimes not till after several days. The heart's action is slowed, or even stopped; during the tetanic spasms the capillaries are gorged. In experiments on mammalia there has been the same alternation of tonic and clonic convulsion, the latter frequently of the most singular, but definite, kind, as swimming, thrusting backward and forward, rolling over on the axis of the body, accompanied by great slowness of respiration

and of heart action. The pupils seem to be first contracted and afterward dilated. After death, in mammalia, the meninges are always found engorged with blood, while the nervous centers themselves are either normal or anæmic. The venæ cavæ and flaccid heart are full of dark blood; the lungs are also engorged, and present apoplectic spots, and there is a profusion of mucus in the mouth, throat, trachea, and bronchi. The main action of picROTOXINE seems to be that of an excitant to the centers, especially the medulla oblongata. It is obvious that the motor centers, the vagus centers, and the centers for restraint of reflex movements, are powerfully affected. It has been experimentally proved that the convulsions can be excited in an animal from which the brain has been removed.

In medicine *cocculus indicus* has long been considered useful for the destruction of pediculi; also in certain skin diseases, such as *porrigo*, scabies, and ringworm of the scalp; for all of which purposes it is best employed in the form of ointment. The last-named disease (*tinea tonsurans*) and ringworm of the body (*tinea circinata*) are both advantageously treated also with decoction of *cocculus*, the skin being well washed with common brown soap and hot water every night and morning, before the employment of it. If the ointment be preferred, it should be prepared from the kernels alone.

Cocculus likewise possesses considerable value as a medicine for internal exhibition—in certain forms of vomiting, for example, such as those which are accompanied by dull and heavy pain in the head, giddiness, and intolerance of light and sound. Vomitings of this class are sometimes very severe and persistent. In other patients there are alternations of constant nausea, with violent, but ineffectual, efforts to evacuate the stomach; the latter becoming so exceedingly irritable that no description of food can be endured. In either case *cocculus* is an efficient agent in allaying the symptoms, and seldom fails to give the relief so much desired. It is when the part primarily affected is the head (as indicated in the pains there felt, and in the giddiness), and stomach affections of the character spoken of ensue, that *cocculus*, by relieving the cephalic symptoms, removes the stomach affections which follow them.

Cocculus is likewise a valuable medicine in various forms of dyspepsia, and especially for employment in particular stages of that disorder. In cases where there is severe epigastric pain aggravated by pressure, or by taking food,—and which is accompanied by flatulent distention of the stomach, and perhaps of the intestines generally, with nausea, giddiness, headache, dryness of the mouth, and a feeling of hunger, yet a repugnance toward food,—the same good results attend the exhibition. If not invariably successful, there is, at all events, great probability of relief being experienced.

Again, when the colon is distended with flatus; when the bowels are constipated, and the motions are more or less hard and lumpy, *cocculus* proves, in many cases, of singular service.

The same result ensues in those milder cases of tympanitis so often met with in the later stages of peritonitis, and frequently encountered also in enteric fever; here, as in the preceding, a few doses of the tincture of *cocculus* will often remove the pain and relieve the distention. Colic is similarly amenable to the influence of *cocculus*, as are most other spasmodic affections of the stomach and bowels depending on flatulent distention of any of the abdominal viscera.

The good effects of *cocculus* are likewise seen during pregnancy. At this period the intestines are often much distended with flatus, and the patient suffers from frequent desire to urinate, referable in part to flatulent pressure on the bladder.

Other affections to which women are subject, and which *cocculus* is able to mitigate, if not to subdue, are found among those which occur during the menstrual period. In females of nervous temperament, and of thin and delicate fabric of body, the menses are often preceded by certain paroxysmal pains of a colicky nature, felt in the hypogastric region, and accompanied by more or less pain in the back and hips. These pains not only precede the arrival of the catamenia, but accompany them for the first day or two. They are of a twisting, griping, or colicky character, and are attended by a scanty discharge, or by a profuse one, in either case somewhat paler perhaps than customary, and attended not uncommonly by clots or shreds. The administration of *cocculus* in these cases, commencing a few days prior to the expected flow, and continued during the first two or three days of its progress, will frequently ward off the pains, and render the discharge more natural.

Leucorrhœa is also treated advantageously with *cocculus*, especially when the discharge is of a sero-purulent character, and accompanied by pain in the lumbar region.

Chlorosis, too, where the menses disappear for months together, or where the discharge takes place only at irregular intervals, and long separated, and is pale and scanty. Patients so conditioned often suffer from profuse and exhausting leucorrhœa between the periods; but by the employment of *cocculus* they may receive great benefit, and have the menses re-established and regulated.

Cocculus is a very valuable medicine in various nervous affections, such as certain forms of hemiplegia, paraplegia, and paralytic stiffness, accompanied by a sense of heaviness, and by a loss of motor power in the lower limbs, with giddiness, and a feeling of lightness in the head. I have witnessed its good effects upon a patient who had suffered for several months from loss of power in the lower limbs, moving them only with considerable difficulty, and who, when stand-

ing erect, became giddy, disposed to be sick, and light-headed. This patient quite recovered through a few weeks' perseverance with the tincture.

Nervous affections, such as hysterical hemiplegia, choreic hemiplegia, and epileptic hemiplegia may likewise be usefully treated with *cocculus*. I have seen well-marked cases of hysterical paralysis—where the sensibility and the muscular power were both impaired—yield quickly to this drug; and cases, in particular, which have been accompanied by menstuous irregularities, and by spasms attacking different organs. Some of those epileptic cases which are attributable to onanism likewise derive benefit from *cocculus*.

Reil employed tincture of *cocculus* seeds in chorea; in hemiplegia arising from cold; and in paralysis of the sphincter vesicæ; and in every instance with advantage to the patient. Gubler recommends *microtoxine* in chorea. Tschudi recommends *cocculus* also in paralysis of the extremities, and of the sphincters; resorting, however, to *microtoxine*.

Characteristics.—Vertigo, as from intoxication, or with inclination to vomit, when rising up in bed; must lie down.

Confusion and stupefaction of the head, generally increased by eating and drinking.

Headache with inclination to vomit.

Metallic taste with loss of appetite.

Extreme aversion to food.

Unusual nausea and inclination to vomit while riding in a wagon; or from getting cold.

Great distention of the abdomen.

Constrictive pinching in epigastrium, taking away the breath.

Spasmodic flatulent colic about midnight; passing flatus without relief; aggravated when coughing.

Painful inclination to an inguinal hernia.

Menses too early, with cramps in the abdomen and colic pains.

Weakness of the cervical muscles; unable to support the head.

Feet and hands go to sleep alternately.

Hands numb and asleep.

Knees give away; totters while walking.

Soles of feet go to sleep while sitting.

Attacks of paralytic weakness, with pain in back.

♦ ♦

On the Physiological Action and Therapeutic Use of Mercury and Its Salts.

BY ALFRED C. POPE, M. D.

(Continued from page 215.)

The kidney in mercurialism becomes congested and inflamed. The corrosive sublimate and the cyanide are the preparations which influence it most powerfully. When studying the effects of this drug upon the kidney, we must remember

and associate with them the cachectic, anæmic appearance characteristic of mercurial poisoning; it is ever present when the kidney is mercurially injured or its functions are interfered with.

In poisoning from the vapor of metallic mercury the urine becomes scanty, dark yellow in color, and albuminous in quality. Post-mortem, the kidneys are found large and congested in some cases, in others they have been atrophied and slightly granulated.

When the bichloride has been taken we find the urine, at first scanty, to be ultimately suppressed. In a case of poisoning reported in Fothergill's Journal, and quoted by Allan (*op. cit.*), the following was the condition in this respect: "No discharge of urine for twenty-four hours; the catheter was passed with difficulty, on account of the inflammation and swelling of the urethra and bladder; only a few drops of urine were discharged; on the third day there was no urine found in the bladder; the same on the fourth day; soon after which the patient died." It is albuminous in almost all cases. In one quoted by Huber from Ollivier, the urine after the second day contained "albumin, at first four per cent., then gradually diminishing to a trace on the sixth day, with a great quantity of granular oily pellicles, on the surface of which was found renal epithelium in a condition of fatty degeneration, also hyaline, partly fatty pellicles, and numerous free epithelial cells exhibiting the beginnings of fatty degeneration. No blood-corpuscles." Post-mortem the kidneys are found enlarged and congested. Many red points have been observed in the cortical substance, and deposits of pus seen in the renal pelvises.

The cyanide is equally active. In one case, where 2 grains had been taken in beer (Virchow's Archives), there was complete suppression of urine for five days, the bladder being empty throughout, the secretion of urine then gradually recommenced and contained albumin in considerable quantity, which slowly diminished, and in a fortnight had disappeared.

In acute renal inflammation we have therefore a powerful remedy in corrosive sublimate, and also in the cyanide of mercury.

The late Professor Henderson, when writing on Bright's disease in The British Journal of Homeopathy, says of mercury:

"There is good reason to think that it may be serviceable in some cases peculiar either from the nature of the morbid state or from the stage which the disease may have reached. It is long," he adds, "since Dr. Wells remarked that coagulable urine sometimes followed the administration of mercury; and the old writers, who had opportunities of witnessing the pathogenetic effects of mercury more frequently than their successors have—in consequence of the more general abuse of the drug in former times than is now happily the case—mention various particulars among them, which appear to show that mercury has the power to produce a disease very

like some forms of Bright's disease. The vomiting, cachectic look, and anasarca, noticed by them as consequences of repeated and prolonged courses of mercury, taken in connection with such appearances in the kidney as have been noticed by Dr. Blackall, when death happened to occur in persons who had been subjected to the slow poisoning in question, concur in rendering it highly probable that among the effects of mercury diseased kidneys should be reckoned. Of one case of the kind Dr. Blackall remarks that "the kidneys were usually firm, the left containing one hydatid, the right two—conditions which are common in advanced cases of Bright's disease. Of another," he says that "the kidneys were remarkably loaded with blood, as if injected."

Dr. Kidd, when comparing the indications for mercury in Bright's disease with those of cantharis, terebinth., and arsenic, says that it is "only useful in the acute or early stages of albuminuria, especially when caused by the abuse of alcoholic fluids, by cold, or by obstructed portal circulation. It is especially useful when the disease is accompanied with effusion of fibrine, or fat globules in the urine, as well as when profuse secretion of pale, albuminous urine occurs." (Brit. Jour. Hom.). In acute nephritis, in tubal nephritis, or large white or fatty kidney, and also in suppurative nephritis, *m. corrosivus* will frequently be found valuable. Called upon to define its relation to other medicines indicated in acute desquamative nephritis, I should place it between terebinth and cantharis on the one hand and arsenic on the other.

As an irritant of the skin the action of mercury is well marked, both when applied directly and when taken internally. Fully to discuss and illustrate the alteration in the health and structure of the skin which mercury produces would occur an entire lecture, and I shall therefore restrict myself to as brief an outline of its influence as is compatible with pointing out the disorders in which its pathogenetic action shows that it is a remedy.

Eczema mercuriale is a recognized form of disease, and in years gone by, when nearly every illness seemed to the *mens medica* of the period to require mercury for its relief, was frequently met with.

In 1810 Dr. Alley published a work entitled "Observations on Hydrargyria," of which he described three forms, the *mitis*, *febrilis*, and *maligna*. An erythema first appears which presently displays a papular surface, the papules develop into vesicles, and these ultimately become pustular. At the same time the skin is hot, smarting, and itching. The eruption is most prominent on the trunk of the body, the back of the hands, the face, and the pudenda. This may occur without any febrile symptoms; when, however, such are present, it is more severe, and if the mercury has been severely pushed its site is swollen and livid.

Such an eruption may proceed to ulceration. The mercurial sores vary in shape, assuming different forms as they spread. Their edges are ragged, loose, and undermined. "The surface of the mercurial ulcer may present every variety of shape and appearance, sloughing at one point, deeply excavated and rapidly disintegrating at another, having exuberant granulations at a third, and exhibiting a tendency to heal at a fourth. But the most striking characteristic of the mercurial ulcer is its tendency to spread and the manner in which it enlarges itself; it generally spreads quickly, and there seems to be no limit to the size it may possibly attain" (Dr. Porter, Amer. Jour. Med. Science). Keller regards it as settled that serpiginous ulcers, which have been looked upon as syphilitic, "are nothing but the result of the mercurial cachexia" (Wien. med. Woch.).

Hence, mercury is a remedy in some cases of erythema, in *eczema rubrum*, and especially is it so in pustular diseases—the *impetiginodes*. In cases of *eczema palmaris*, which have much pustulation, I have seen great advantage derived from using mercury locally. Four grains of the *unguentum hydrargyri nitratis* added to 1 ounce of vaseline forms an ointment which, when applied two or three times a day, is very efficient.

In some of the acute exanthemata mercury is frequently indicated. These, though not skin diseases, may be conveniently considered here. It is especially demanded in variola. The type of the fever, as well as the eruption, is alone sufficient to suggest it. In practice it has proved distinctly serviceable. During the latter half of 1862, and the early months of 1863, smallpox was very prevalent in York, where I was then residing. From a study of the cases which came under my care, I concluded that mercury is "most clearly indicated, as well as most useful, in those cases where the eruption is extensive, and when the mucous surfaces of the mouth and throat are specially involved—where the circulation is highly charged with the malignant virus." In scarlatina and measles the condition of the throat and glands often requires mercury.

The ulcers in which mercury is indicated are the inflammatory, after the acute symptoms have subsided and when suppuration has become free; and in such as occur in strumous and syphilitic subjects.

That corrosive sublimate is a powerful antiseptic is now both recognized and acted upon. In referring, very briefly, to this form of its therapeutic usefulness, it is interesting and instructive to note that Hahnemann, more than a century ago, several years, indeed, before he had begun that research which culminated in his demonstration that the rule *similia similibus curantur* is the scientific basis of drug selection in prescribing, had recognized the antiseptic property of corrosive sublimate, so commonly supposed to be a discovery of our own time. In

the first original essay he ever published (Leipsic, 1784), he says:

"The solution of corrosive sublimate has been of inestimable service to me in cleansing old foul ulcers. But, in addition to its stimulating and corrosive power, its antiseptic and drying properties must also be taken into consideration in estimating its effects.

"The property of this solution that has in my experience stood most in the way of the improvement of old ulcers is that last mentioned, its drying property, but I have generally been able to avoid this by using a very weak solution and keeping the sore always moistened with it. Twenty grains dissolved in one pound of water was always strong enough to commence with; I only increased its strength by degrees, but never employed it so strong as to cause more than a slight smarting in the sore."

Hahnemann's subsequent researches have shown us that arsenic administration internally will have an influence over the healing of an ulcer of this type as sanitary as the local application of a solution of corrosive sublimate. At this time, too, as another passage in the same work shows, he found that he could not do without arsenic "in very large foul ulcers, some parts of which rapidly mortify and slough around."

As an antiseptic, corrosive sublimate has been, and still is, largely used, and that moreover in a proportion that, but a very few years ago, would have been laughed to scorn! Experience, especially in Germany, has, however, shown that to employ more than 1 part of corrosive sublimate to 5000 of water is not without danger, at any rate in obstetric practice. Results of the most serious and, in not a few instances, fatal character have arisen when the proportion of mercury to the water has been 1 to 1000, 1 to 2000, and 1 to 3000. The 1 to 5000 contains two drops of the third centesimal dilution.

We have now to study the effects produced by mercury on the muscles, bones, and joints. Pains traceable to each are well marked and of frequent occurrence. In Buchner's experiments with small doses of m. corrosivus, stitch-like pains were felt in different muscles; tearing down to the bone in those of the arms, especially at night; a peculiar relaxed sensation in the deltoids; pains in the muscles of the hands and feet; stitches in the muscles of the thigh and calf.

Mercurial vapor, in some instances, gives rise to tearing pains in the extremities. In the proving of m. solubilis, burning, bruised, stiff, cramp-like pains are noted as being felt in the gluteal region and down the thighs, while they were particularly severe at night; at the same time the knee and ankle joints were swollen and tender.

Take these symptoms in connection with the mercurial fever, the profuse and sour-smelling perspiration at night, and we find in m. solubilis, more particularly when the tongue, digestion, and a degree of mental depression suggest that

the biliary function is materially interfered with, a useful medicine in many cases of rheumatic fever.

(To be concluded.)

Suggestions for Venereal Patients.

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Most medical men believe that it is unwise to discuss with patients the minutiae of their diseases; that it is likely to increase the mental concentration upon the particular ailment, and, if anything, aggravate the condition. While this may be true of most other patients, the good results to be obtained by a thorough understanding of his condition on the part of the venereal patient will greatly outweigh the short-lived mental distress he may suffer on being told certain positive facts regarding the disease from which he suffers. In this we must not only consider our duty to the patient, but his duty to his relatives, friends, and the public at large.

Dr. Ferd C. Valentine has given some excellent "Advice to Gonorrheal Patients,"* and it is the purpose of this paper to cover the ground in the other venereal infections as well as in gonorrhea. The patient with a disease of this class should consult his physician immediately upon the discovery of suspicious symptoms; such as pain during urination, the appearance of a discharge from the canal of the penis, or sores upon any part of the genitals.

Having decided upon whom to consult, he should remain under the care of one physician if possible. Most men who have had venereal diseases know a physician or perhaps a druggist who can cure "clap," etc., or will possibly offer the victim a "favorite prescription." Such advice, which is only too freely given, can but unsettle him, and should not be heeded, as, if the physician originally selected by the patient is a reputable man, his advice as to consulting the specialist will be readily given, should that become necessary.

Gonorrheal and syphilitic patients should remember that long after any symptoms which they can appreciate have disappeared they are a source of danger to others, and should remain under their medical adviser's care until discharged as cured. During the long, tedious treatment of chronic urethral conditions, and particularly in the stages of syphilis after all symptoms have disappeared, this is particularly trying, and how he follows this advice will de-

* Philadelphia Medical Journal, July 8, 1899.

pend largely upon the patient's confidence in his physician.

Gonorrhea.

Gonorrhea, or clap, as it is commonly termed, is a contagious disease, beginning with acute symptoms in the male, and running an uncertain course. Regarded by most men as a comparatively simple affliction, they welcome the first few drops somewhat as a matter of course, to discover later, in most cases its gravity.

The disease is caused by a micro-organism known as the gonococcus. This gains access to the canal of the penis during sexual intercourse, and, remaining apparently dormant for a period varying from three to ten days or occasionally a little longer, manifests its presence by burning pain on urination, undue frequency of the same, and by the appearance of a milky discharge from the canal of the penis, at first noticeable only in the morning, but usually becoming so profuse in a few days, that some method of protecting the clothing is necessary.

Simple Urethritis.

Simple urethritis may occasionally be contracted from the menstrual flow of the female, or from some irritating vaginal discharge, when no gonococci are present; this usually runs a mild course and disappears in a few days.

In the beginning a gonorrhea is confined to the first part of the canal, but in ninety per cent. of cases it later extends to the deep portion or posterior urethra (near the bladder), and it is in this location that the germ finds access to the canals leading to the testicles and other important structures, producing various complications and lengthening the course of the disease.

Gleet.

The large number of chronic gleans, etc., which drift from one physician to another are representatives of this class of cases. The patient, when first afflicted, has consulted a medical man who has probably given him an injection and some internal medicine. After a variable period of time his discharge and other active symptoms have ceased, and all treatment has been discontinued, without, possibly in some cases, with the consent of his physician.

Some time later after a sexual or alcoholic debauch, or possibly without apparent cause, he notices a "morning drop," or, it may be, a fairly free discharge; he urinates more frequently, has a sense of uneasiness in his urethra, and other symptoms. He has chronic posterior urethritis, probably gonorrheal, and in the great majority of cases his prostate gland will be found infected with these germs. This condition can never be cured with injections that the patient can use, or by internal medication; and particularly in cases like this the patient should select his physician with care and then remain with him until cured, the period necessary for this in some cases being many months.

Treatment.

In the treatment of gonorrhea and its complications it is particularly desirable to acquaint the patient with the *raison d'être* of each procedure. If he has been treated with hand injections and internal medicines, he should be told, if they are to be used, why prostatic massage and irrigations into the bladder are necessary. The "cut-off" muscle which in a way closes the canal to the bladder at about six and one-half inches from the end of the penis, prevents any injected fluid that can be used with safety by the patient, from reaching the deep part of the canal or posterior urethra, and if this portion be affected by the disease it can be readily seen of how little value will be injections that only reach the anterior portion. Irrigations that are forced gently into the bladder to immediately be voided by the patient, as is urine, thus flushing the entire canal, can only be given by the physician.

Prostate Gland.

The prostate gland may be said to surround the urethra in its deep portion near the bladder. If this organ be involved in gonorrhea, the treatment indicated is massage by the physician's finger in the rectum, gentle in acute cases, with greater pressure in sub-acute and chronic processes. This massage to be followed by irrigations into the bladder, not only for their effect upon the walls of the urethra, but also to remove the secretion of the prostate that has been expressed by massage, and containing gonococci, may further infect the canal if not flushed out.

Sounds.

The passage of sounds and deep instillations of nitrate of silver are useful for their tonic effect upon the mucous membrane of the urethra in the catarrhal conditions that follow gonorrhea after the germs have disappeared.

The presence or absence of gonococci can of course only be determined by microscopic examination of the discharge from the urethra and the expressed secretion of the prostate gland.

Infection of the Innocent.

It is these chronic conditions of the posterior urethra and prostate gland that so frequently lead to the infection of the innocent. A man contracts gonorrhea, and after a variable time his discharge ceases, and as far as he can then determine, he is cured, though later on various symptoms may remind him of his "clap." Meanwhile he marries some clean woman and infects her with the gonococci which still thrive in his posterior urethra and prostate gland.

Gonorrhea contracted from a man in this condition rarely gives very active symptoms, and the woman may have no idea of her condition. If she be of easy virtue the infection is spread to others, and if a good wife she may bear a child with infected eyes (gonorrheal ophthalmia). When it is considered that this latter condition

is responsible for over 33 1-3 per cent. of the blindness in the world, its gravity is realized.

Many of the graver abdominal conditions in women can be traced to a gonorrheal infection from the husband, who probably had no idea that the seeds of his past folly, lying dormant, perhaps (as is frequently the case), for years, would spring again into activity in his wife.

Right here it may be best to state that in treating gonorrhea the all-important point is the absolute cure of the disease and not the mere control of discharge. The careful practitioner will examine, or have examined microscopically, the discharge in every case at frequent intervals to be sure of the absence or presence of the gonococcus, and in the late stages of the other germs that occur in these discharges.

When all discharge has ceased he will examine the urine. This giving no signs of the disease the patient will be allowed to rest a week without treatment, when he will be given the beer test (several glasses on retiring). No discharge and clear, unaltered urine on the following morning will warrant discharging the case as cured.

As to the time necessary to cure a case of gonorrhea, no one can honestly make any positive statement. An uncomplicated case, involving only the anterior portion of the canal, can usually be cured in a "few weeks," but when we remember that ninety per cent. of all cases extend to the posterior portion of the canal, and that the prostate gland is involved in practically all posterior cases, it will be seen that the very rapid cures will be comparatively few in number. The posterior and prostatic cases will take usually several, and some, many months to cure.

Involvement of the small glands of the first part of the canal will also lengthen the course of the disease. This complication is frequently the cause of a persistent morning drop.

Syphilis.

This grave constitutional disease, regarded at one time as almost incurable, to-day gives most encouraging results when properly treated. It is most important that the patient understand that his ultimate cure is mainly in his own hands, and that the treatment will extend over a period of many months after all appreciable symptoms of the disease have disappeared, during which time he must be under the constant care of his physician and absolutely faithful in following his instructions. The initial lesion, or first sign of syphilis, is a very innocent-looking sore, appearing, if the disease be contracted during sexual intercourse, upon the penis. It may appear upon the lips, or in the mouth, if contracted by kissing, or from some infected table utensil. It is seen occasionally in other parts of the body.

It appears from three to five weeks after intercourse, occasionally not until six or seven weeks have elapsed.

This sore is termed a hard chancre, it usually

feeling hard at the base if grasped with the fingers, in contra-distinction to the soft, chancre or chancroid, which is purely a local disease leading to no constitutional condition.

The chancroid, or local venereal ulcer, is due to infection from a similar sore, or possibly from pus from some other source, but never leads to syphilis.

Differential Diagnosis between Chancre and Chancroid.

It is impossible in many cases for the physician to say whether the particular sore is simply a local ulcer (chancroid) or a hard chancre, the beginning of syphilis. The sore may be a combination of both, presenting the symptoms of chancroid, but also containing the syphilitic virus, the later development of secondary syphilitic symptoms making the diagnosis positive.

Glandular Enlargement.

Usually within a week after the appearance of the sore the glands in the groins become hard and enlarged. If the ulcer be of the hard variety, there will be a number of glands involved with little or no associated pain.

If the sore be a chancroid, but few glands will be involved. These are, usually quite painful, and frequently break down and have to be opened (chancroidal bubo).

In the latter condition the glands of the groin are alone affected. In syphilis, those of the neck and arms and other parts are involved.

Secondary Symptoms of Syphilis.

The secondary symptoms of syphilis, for which the conscientious physician waits before making a positive diagnosis, usually appear in from four to eight weeks after the appearance of the chancre. They consist of various skin eruptions, ulcerations of the mucous surfaces, mainly in the mouth and throat, and falling of the hair.

Neuralgia and Fever.

Coincidentally with the secondary lesions, the patient may complain of various forms of neuralgia and some slight fever. There is also a feeling of general weakness and aversion to any exertion.

The third stage, or tertiary lesions, rarely appear, when the patient has carefully followed the directions of his physician.

Treatment of Syphilis.

The treatment of syphilis covers a period of two years or longer.

Disappearance of Symptoms.

When active anti-syphilitic treatment has been commenced, as soon as the diagnosis has been made by the appearance of the secondary lesions, and continued faithfully for several weeks, these usually disappear (the time varies). It is then that the ultimate and permanent cure of the patient depends so largely upon his confidence in his physician. The latter will see him several

times each month, and look him over for possible manifestations of the disease. The majority of cases in private practice present no symptoms after their disappearance subsequent to the first few weeks of treatment, and yet this treatment must be rigorously continued for the period mentioned, if the patient would eliminate the virus from his system. Too many patients give up all treatment a few months after secondary symptoms have disappeared, only to have the disease appear later in life in some of its graver and more fatal forms.

Other Venereal Diseases.

The venereal affections other than the two great diseases, gonorrhea and syphilis, may be briefly mentioned.

Chancroid of Soft Chancre.

A local sore, leading to no constitutional symptoms. Suppuration frequently occurs in one or more of the glands of the groins (suppurating bubo). They have usually to be incised or removed.

Venereal Warts.

Much like other warts except for their contagious character. Usually removed with scissors.

Herpes Progenitalis.

Numerous small blisters or open ulcers, usually appearing in the foreskin. Treated by cleanliness and mild antiseptics, and, if these fail, by circumcision.

HYGIENE OF VENEREAL DISEASES.

Gonorrhea.

Diet.—Avoid foods giving rise to irritating compounds in the urine. These are asparagus, tomatoes, pickles, and all highly spiced foods. The condiments, pepper, salt, mustard, catsup, etc.

Drinks.—Avoid alcohol in any form; beer is particularly harmful. Also ginger ale, carbonated waters, tea, and coffee; claret and water may be taken with meals, if desirable as a tonic, but even this it is best to eliminate.

Tobacco.—May be allowed in moderation. The patient should drink as much plain water between meals as is possible without causing indigestion. His bowels should move freely every day.

Sexual intercourse and excitement should be avoided, as they increase the circulation of blood in the affected parts and thus add fuel to the flames.

Carrying the penis in a condom or "clap bag," or wearing cotton held in place by a long foreskin can only do harm, by increasing the general irritation and preventing the free escape of the discharge. An apron, consisting of an old handkerchief pinned inside the undershirt, is usually sufficient to protect the clothing. This should be changed frequently.

After handling the penis great care should be

exercised to thoroughly cleanse the hands; they should be scrubbed, if possible, with soap and hot water. The discharge may be carried to the eyes on the patient's hands, and loss of vision frequently results from gonorrheal ophthalmia.

Care should be exercised on this same account that towels and vessels used by the patient are not used by others.

Rest is a great aid in the cure of gonorrhea. As little exercise as possible should be taken unless the general health of the patient demand it, when it should be very moderate. Riding the horse or bicycle cannot be allowed. The patient should bathe the genitals daily. There is no objection to the complete daily bath.

Syphilis.

As soon as the possibility of syphilis is apparent the patient should be warned of the danger of infecting others. He should kiss no one, and he should be particularly careful that his family or friends do not use drinking vessels after he has used them. The butts of his cigars should be so disposed of that the unfortunate vagrant may not be exposed to the infection they contain.

Toilet articles should not be used in common with other people, and the patient should shave himself.

The hands should be kept away from the mouth, as the sores occurring there are particularly infectious, and the saliva upon the hands may spread the contagion to others.

Avoid shaking hands when possible, particularly if there be any eruption upon the palms.

Sleep alone.

Sexual intercourse cannot be permitted during the two years of treatment, and marriage not sooner than two and one-half to three years after the appearance of the chancre, and then only when treatment has been carefully persisted in for two years, and at least six months have elapsed since the treatment has been stopped, without recurrence of symptoms.

Cleanliness is most important. If possible, the patient should have a daily morning bath. This is particularly desirable if the treatment consists of the rubbing in of mercurial ointment at bedtime, as it keeps the skin more active and better able to absorb the remedy.

The teeth should be well cared for, both by the patient and his dentist. The latter should be told that the patient has syphilis. He will regard this as a professional secret, and it is necessary for the protection of his other patients, as all dentists do not as yet boil their instruments (as they should), after treating each patient.

The physician will prescribe mouth washes and gargles for the various ulcerations that occur in the mouth and throat.

The patient should lead a well-ordered, regular life, avoiding undue fatigue, but still taking a fair amount of outdoor exercise.

Diet.—The diet should consist of plain, un-

stimulating food, and absolutely no alcohol, except, as in gonorrhea, a moderate amount of diluted claret, if it be indicated for its tonic effect.

Smoking may be allowed in moderation, except when there are sores in the mouth or throat, when it should be totally interdicted.

Prevention of Venereal Diseases.

There is only one way to avoid these diseases, *i. e.*, abstaining from illicit intercourse.

Those constantly exposing themselves may sometimes escape infection by the following precautions:

Avoid women with skin eruptions, enlarged glands of the groins, or other evidences of disease.

After exposure urinate at once, holding the end of the penis tightly several times and ballooning the urethra with the urine, before allowing it to escape.

Wash thoroughly with soap and hot water.

Injections are irritating and of doubtful value.

To prevent infection from syphilis it has been suggested* that the patient anoint the penis with boracic acid—vaseline ointment (40 grains to the ounce).

The writer has endeavored to avoid scientific terms as much as possible in this paper, as it is intended to embody a series of suggestions that may be given to the patient. Most if not all of the suggestions here laid down should be given to all concerned, and the writer believes that if some such plan was followed by the profession at large, the spread of venereal diseases would be materially lessened.

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Notes on the Treatment of Nervous Insomnia.

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Insomnia is so common a symptom in many affections that the measures selected for its treatment must naturally depend upon the conditions present. Thus, for instance, in cases in which sleep is prevented by the presence of severe bodily pains, by fever, or cough, they must be managed in an entirely different manner than those in which the insomnia is simply the manifestation of a disordered nervous system. It is with reference to the treatment of the latter class of cases that I have placed on record these observations, based upon my personal experience.

There is a large and growing class of patients who are unable to obtain the necessary amount of sleep owing to overtaxation of the nervous system, giving rise to a condition of nervous debility which is often difficult to overcome. The

man immersed in business cares, the student burning the midnight oil, and the woman worried with household responsibilities, all are victims of insomnia, who come to us for relief.

Obviously, the logical way of treating these cases would be to withdraw the patient from those injurious influences which are responsible for his lack of sleep; in other words, to recommend a change of surroundings, abstinence from work for a time, and outdoor exercise. But how rarely can this be accomplished. Even when it is impossible to send the patient away for a time from his occupation, he should be duly impressed with the importance of regulating his mode of life, avoiding the use of alcohol to buoy up a depressed nervous system, of going to bed too early, of taking at least a certain amount of exercise, of systematic bathing, and of dropping as far as possible his business cares when at home. In some cases a warm bath at night will secure a restful slumber; in others a cold shower, followed by a brisk rubbing, and in still others a light supper before retiring. Usually, however, it is necessary at first to resort to an hypnotic, if for no other reason than to establish a habit of sleep. In the selection of such a drug the utmost care must be taken. It must be one which will be free from the risk of habituation, and one whose effect will not be counterbalanced by unpleasant sequelæ on the following morning. While the list of hypnotics is now quite an extensive one, and is receiving constant accessions every year, the number of really serviceable remedies of this kind for the treatment of the forms of sleeplessness discussed here is comparatively limited. Moreover, different patients react differently from a given hypnotic, and thus it is always well to have a number at our disposal.

For this reason I have lately been quite interested in a new hypnotic for the treatment of nervous insomnia, which possesses at least two requisites of a remedy of this kind—perfect safety and freedom from risk of habituation. The drug referred to is a new urethane derivative known as hedonal, and comes to us with high commendations from a number of the foremost neurological clinics of Europe, including those of Professors von Krafft-Ebing, Mendel, Eulenburg, and Riegel. The general opinion expressed is that the drug is very serviceable in the milder forms of sleeplessness in which there is no marked mental excitement, and that in these cases it induces a refreshing sleep without any unpleasant after-effects. There seems to be no chance of cumulative action, since hedonal is completely broken up in the system into carbonic acid, water, and urea. Although it belongs to the urethane series, diuresis has been comparatively seldom observed, and then not to a sufficient extent to wake up the patient. Owing to the fact that the taste of the drug is repugnant to some persons it is best administered in wafers or capsules, or its ingestion followed by a drink of some aromatic fluid.

* "Syphilis in the Middle Ages and Modern Times," Dr. F. Buret, Paris, p. 289.

My experience with hedonal has been quite satisfactory, and I am led to give it a preference over other hypnotics in many instances, because it produces a sleep that is natural and that is not attended with or followed by injurious or unpleasant effect. A few cases are subjoined, in order to give the reader an idea of the condition in which I have found it particularly useful:

Case I. H., a married man, about thirty years of age, had been treated by me ten years ago in London. While his marriage had been a very happy one he had gone astray in money matters, and sought me out mainly, I think, for that reason, although he rehearsed some symptoms of flatulent dyspepsia. He was worried, haggard of aspect, and suffered from so pronounced insomnia that he was unable to give sufficient attention to his business. He was by nature very religious and conscientious, and was most concerned by the fear that he might die and leave his little family in want. I was able to give him some practical suggestions which later led to the betterment of his financial affairs, and also pointed out a way by which he could secure an insurance policy on his life, and thus protect those depending upon him. In the meantime, in order to promote sleep, which was so necessary to one in his exhausted condition, he was given hedonal in 15-grain doses for a time, and under its use, and the improvement in his financial condition, gradually recuperated.

Case II. A boy, fourteen years old, had been troubled with a severe and most constant headache, with loss of appetite and sleep. His mother acted as a nurse to several physicians, whom she consulted in regard to the case, without his deriving any material benefit. When the patient was brought to me I found that, although not anæmic, as shown by the healthy color of the conjunctiva, he was in a condition of marked nervous tension. I also learned that insomnia was very persistent. On questioning him closely, he stated that he had been studying very hard both at school and at home with the view of graduating, and had been fearful that he would not be able to pass the required examination. He had indeed failed to graduate, and this seemed to be the cause of his nervous depression, his loss of appetite, and restlessness. I prescribed a suitable tonic to be taken in the daytime, and gave 15-grain doses of hedonal each night. This treatment appeared to produce most beneficial results, and he soon regained his general health and appetite, and now sleeps soundly and naturally.

Case III. A gentleman of good education, connected with a large business house, came to me nearly a year ago for advice and relief from a general disorder involving his nervous system, caused by an immoderate use of alcohol. The treatment adopted in this case, which was very successful, was as follows: After a thorough cleansing of the stomach I ordered him to drink, on rising each morning, a glass of mineral water

containing three tablets of lithia, this being given to neutralize the acidity and to eliminate any mucus that might remain. I then gave him a prescription containing ammonium bromide, 15 grains; bismuth bicarbonate and sodium bicarbonate, of each 10 grains; tincture of digitalis, 20 minims, and aqua, 1 ounce; three times daily. This was followed by a tonic, and under this treatment he progressed very favorably, in all but one respect. One symptom, insomnia, was inconquerable. Strong alcohol only seemed to affect it, and that was the one thing to be avoided. I attempted to overcome his sleeplessness by the use of cannabis indica and other remedies, but was unsuccessful. Later I put him on hedonal, and kept him on this drug until his nerves were able to take care of themselves. An absolute cure was achieved in this case without the patient having to resort to sanitarium life, which, indeed, I at first advised, but which he declined as impracticable, as he could not afford to neglect his business. Perhaps the successful outcome was partially due to his intelligence and his willingness to obey my instructions to the letter.

Case IV. The patient was a weak, anæmic woman, who had previously suffered from a prolonged attack of grippe. The symptoms chiefly complained of were loss of appetite and a very nervous condition due to want of sleep. The insomnia was marked and continued. She was somewhat emaciated, and was daily becoming weaker, although suffering no pain. During my visit she constantly turned from side to side, having been unable to get much sleep for three or four nights. As a tonic and restorative I put her on nux and arsenicum, and also prescribed hedonal in 20-grain doses on retiring. This completely relieved the sleeplessness, and without any treatment except the above she made a rapid recovery.

—We are still receiving personal letters from former famous homeopaths imploring us to come down on the ground floor with them and get rich by mining in California, Mexico, Oregon, and Washington. Surely the world is growing better when men of talent and professional skill and ability take so much of their time and means to look up a poor, parish practitioner and offer him these golden opportunities to become suddenly rich and famous. Sorry, brethren, in the East and West, that we can't accept your well-meant kindness and disinterestedness, and that we cannot send you a couple of hundred dollars for a block of your superb stock; but the fact is that this month our wife needs a new dress, and next month our children will need new shoes. But we appreciate your good will just the same. And if your director comes all the way from your town to see us, as you say he will, we will have the office swept and the quarter-oak furniture cleaned up, and things generally made neat for his reception.



The Medical Library

By O B SERVER

History of Coca, "the Divine Plant" of the Incas.

An exhaustive account of the coca plant, with which is incorporated an interesting history of the Incas, their customs, and their religious ceremonies—in all of which the coca, their sacred plant, plays a part—has appeared from the pen of Dr. Golden Mortimer.

The general tenor of his work is to advocate the claims of the entire coca leaf, both as a medicament and as a means of enabling the individual to undergo extreme exertion with a minimum of distress, properties which have more or less fallen out of sight since the discovery and extensive use of its principal alkaloid, cocaine. The origin of the use of coca is lost in antiquity, but we are told that from time immemorial no Indian has performed the feats of endurance of which they are capable without chewing the coca leaf with some lime or alkaline ash, which probably act by rendering the alkaloids more readily available. It is stated that at the present time the average quantity consumed amounts to 1 or 2 oz. of the dried leaf a head per diem, the quantity served out varying with the severity of the work to be done.

This effect of coca chewing has been confirmed by various observers, but the results obtained, though on the whole fully confirmatory of its efficiency, have been somewhat variable. This is not to be wondered at when it is remembered that the Indian is very particular in the choice of his leaves, both as to their sort and their state of preservation. The leaf which he selects is not, it appears, by any means that which is most rich in cocaine. On the contrary, it is comparatively poor in this alkaloid, and is therefore not such as is usually exported.

Some uncertainty still prevails with regard to the chemistry of the coca leaf, owing partly to a doubt as to whether some of the alkaloids really exist in the unaltered leaf, or are decomposition products. It appears, however, to be established that, besides the crystallizable cocaine, there are other non-crystallizable alkaloids, some of which are volatile, and that these are more abundant than cocaine itself. It is a leaf rich in these other alkaloids which is invariably selected with care by the Indians, but the physiological action of these other alkaloids, of which a volatile oily fluid named hygrine is one of the most abundant, has not been worked out. Some of these bases are, however, rather intimately related, as cocaine itself readily yields a body of the benzoyl group,

benzoyl ecgonine, and conversely cocaine may be derived from benzoyl ecgonine, whilst the oily sticky body so generally found in the leaf may perhaps be identical with the isotropyl cocaine of Liebermann, in which the benzoyl group is replaced by isotropyl.

The physiological effects of coca leaf as a cardiac tonic appear to be marked, and to this perhaps its usefulness in mountain sickness may be attributed. It has, it is asserted, the curious property of allaying hunger without the destruction of appetite when the opportunity of taking food occurs. It is also claimed that it purifies the blood by increasing the elimination of waste products. But the investigation of the action of cocaine has so greatly diverted attention from that of the mixed alkaloids, that their action has not been very thoroughly investigated.

The dilatation of the pupil which follows chewing any considerable quantity of the leaf may be due to the cocaine which it contains. It is also maintained that the coca leaf has the property of producing its effects without any after-reaction, and that, although the habit of chewing coca is so universal among the Indians, they appear to suffer no harm from its use.

The therapeutical effect of the entire leaf well preserved is said to be superior to that of any extract or other preparation hitherto made from it. In effect it somewhat resembles small doses of opium; it has been used as a sedative to replace bromide; in the debility of fevers it even for a time replaces food which could not be taken.

In its concluding pages the result of a collective investigation into the properties of the coca leaf and its preparations are given. Dr. Mortimer met with disappointment owing to some of those to whom inquiries were addressed never having heard of it or never having used it, some even believing that coca was the subject of his investigation. But he got answers of a more precise nature from some 369 correspondents, which are all tabulated, and which appear to establish a definite effect upon the rate of the circulation and a raising of the blood pressure, as well as other therapeutic effects.

The Repair of Nerves.

The problem of the repair of peripheral nerves after injury or experimental resection has long been one of very great interest, not only to the experimentalist, but also to the surgeon. Surgi-

cal operations upon the nervous system are acknowledged to be the most difficult, in many respects, that the surgeon is called upon to perform. However discouraging, from certain points of view, operative treatment of the brain and spinal cord may be, it has long been evident that most brilliant results may be expected from operations upon the peripheral nerves, owing to their extraordinary and as yet not fully explained powers of regeneration.

A point of extreme importance to determine, and one which has been the subject of a vast number of experimental researches, is whether the regeneration of peripheral nerves after injury takes place wholly from the proximal end, or whether the peripheral end, although separated from its cells of origin, also may take an active part in the process. The weight of opinion of those who have investigated the subject has been almost wholly in favor of the theory that the proximal end of the divided nerve alone takes an active part in its restitution. The minority have, however, maintained that the peripheral stump also regenerated *per se*, and later, if union were effected with the upper segment, a quick restitution of function might take place.

With the advent of the neurone doctrine, an added weight has been lent to the hypothesis of the insignificant part played by the peripheral end in the process of regeneration. It is, therefore, with very great interest that we call attention to the valuable experimental research recently undertaken by Ballance and Stewart of London, on the subject of the healing of nerves, and particularly in view of the fact that their conclusions are subversive of the generally accepted hypothesis, and also seem to throw doubt on the validity of the generally accepted neurone theory.

The problems which these investigators have taken up are as follows: First, the process of degeneration in a peripheral nerve after injury, first without, and, secondly, with immediate suturing of the proximal to the distal segment; the process of regeneration in a nerve trunk and later reunion by suture; the process of regeneration in a distal segment of the nerve trunk which has been divided, but in which the proximal and distal segments have not been brought into apposition; and finally, the changes which occur in nerve grafts, that is, where a portion of nerve is interposed between the proximal and distal segments of the divided nerve to replace a portion which had previously been removed.

Various animals, including monkeys, were used for the experimental work, and recent methods of staining applied to the study of the nerves after appropriate hardening. Much ingenuity was shown in planning the experiments, in order to make them completely cover the various questions at issue.

The general conclusions reached from this most careful study are, as we have before implied, somewhat contrary to the generally accepted

views on the subject. The theory, which has had relatively few adherents, is unhesitatingly accepted that after division of a nerve new axones and medullary sheaths are formed in the distal segment, later becoming attached to the central segment, thereby restoring conductivity. In other words, an active and useful regenerative process takes place after a time in the peripheral portion of a divided nerve, which explains, according to these writers, the occasional cases reported of rapid restoration of function after suture of nerves which have long been functionless from injury.

On the basis of the observations made in this remarkable series of experiments, the authors feel themselves justified in discarding the neurone theory as applied to the peripheral nervous system, asserting, as they do, that the peripheral nervous system is to be considered as made up of chains of cells set end to end, whose axis cylinder processes fuse to form the continuous axones. If the observations recorded have been correctly interpreted, we have in this work a reversion to doctrines held many years ago, before the revolutionary theories of His came to be generally accepted, and a severe blow to the neurone doctrine as generally held to-day. Much stress is laid upon the significance of the neurilemma sheath in the peripheral nerve in processes of regeneration, and herein no doubt lies the explanation of the very great difference between the central and peripheral nervous system in reparative processes.

If it be true that regeneration of the peripheral segment of injured nerves takes place without reference to the central stump, the possibilities of operation must be very greatly enhanced. The time, for example, before operation is undertaken should be regarded as of far less significance than it has ordinarily been considered.

This work should command wide attention; it is not to be supposed that it will be generally accepted, so firmly fixed is the idea that nerve fibers are essentially dependent upon cell bodies for their vitality; nevertheless, the question evidently must be still further studied by all the methods at our disposal if a final unanimity of opinion is to be reached.

—At the special memorial services held at New York in honor of the late Dr. William Tod Helmuth—who, as we still all remember, McClelland at Atlantic City referred to lovingly as “Helmuth” without title of other kind—there were present as special speakers James H. McClelland, Pemberton Dudley, Hamilton F. Biggar, William O. Searle, Marshall O. Terry from out of the city; and Henry M. Dearborn, Loomis L. Danforth, William Harvey King, and John William Dowling of New York City. The services were most impressive, the addresses beautifully and fittingly depicting the tender love and esteem in which the departed had always been held.

TOPICS OF THE HOUR

Bon Voyage.

Dr. H. F. Biggar was called by cable on the morning of the 11th of July to a distinguished patient at Karlsbad. The doctor had about thirty hours in which to reach the *Etruria* at New York, and sail for his patient. Dr. Biggar has been a very busy man for years, and formerly was in the habit of visiting the Continent of Europe most frequently; but of late years has enjoyed his rest at home or traveled in this country. During the meeting in Cleveland of the Institute of Homeopathy he was a most charming host, and was occupied every moment of the day in entertaining his guests. He expressed his regret a number of times that the Institute could not remain longer than the one week; it would have given him such pleasure to have entertained more of the prominent men of that distinguished body. The call to Europe, therefore, coming after the labors of the past month, and his non-absence abroad for some years past, will come in part as a recreation and a vacation-period, and one to which the genial doctor is thoroughly entitled.

Institute Nominations.

The proposed amendments by Royal and Newton looking to the nomination of officers of the Institute are both in the right direction. The day has come, nay, the very hour, when the nominating of the officers should not longer be intrusted to a limited cabal, who are moved in their labors by no higher motive than the paying off of former political debts, and the getting of our man in! There has been a vast change in the manner of dealing with our officers since the memorable meeting at Denver. That there has always been politics it would be nonsense to deny; and that politics has dominated, and, often, in the most unpleasant of political ways since, cannot be denied by the best friend of the Institute. We have an instance of what may be done in this same degenerative line in our brother organization of the other school,—the American Medical Association,—which, by the bye, latterly, we have called to our aid as a grand exemplar, and which some few of our members have joined. This organization, out of the abundance of its sad experience and wisdom, has adopted such stringent rules touching the matter of nomination and election of its officers that no candidate will dare to push himself to the front in an offensive and obnoxious manner, by intelligence-bureaucracy every State in the Union, for he knows that that will be the end of his official career in that Association. The time has undoubtedly

come when the same rigorous measures should be enforced in the Institute, or so much of the Institute as still remains to be officered. Both Royal and Newton are moving along the line of correction which must appeal to that remnant membership—which has no favorite son to reward, or unfavorite son to punish. And from having at one time but one Walpurgis-nacht in the Institute—that is to say, but one election of officers, with all its attendant and appendant dangers, heartburnings, and troubles, we have multiplied it by half a dozen—for now each Section has its own ambition-serving elections, from president down to tiler. For a few years this will not create any disturbance, because of its novelty; but the day is inevitable when these subsidiary (?) societies will have all the troubles, cares, responsibilities, jealousies, loving-cups, secret-society meetings, in all such cases made and provided.

Our Four Hundred.

One other matter will have to be decided before very long, and that is the rights of that member of the Institute who does not attend at each meeting, because of professional, financial, or for other reasons. Has this member no rights whatsoever? Must it be, as to him, All Taxation and No Representation? Shall he have no voice in anything except the prompt sending in of his five dollars annually, and then, later on, sometimes quite later on, read the wonderful doings of the Institute, in the which doings he has no say-so whatsoever? Here the parallel with the American Medical Association ceases. For in that body the member has a right to select the delegate who shall represent him. In the Institute there are no delegates. Hence the individual member who is not present has nothing to say about anything! Every effort made heretofore to give him some semblance of representation has been voted down by that successful body of people who are able, each year, to visit the Institute and fashion and subsequently govern its destinies including those of the member who is not present, and therefore, has no rights which the member who comes need respect. There were present at Cleveland, at a liberal estimate, about 400 members (but there were only 319 votes cast). And this estimated 400 are able to say, without ifs, ands, or buts, what the other 1700 or 1800 shall do, or not say! The tail wagging the dog? Well, rather! And do these noble and generous and broad-hearted 400 hug themselves with the belief that they will be able to do this right along, *i. e.*, make the

laws one hour, undo them the next, elect their favorite officers, and knock standing resolutions in the head, so that some favorite city may be selected on a hurrah vote? Well, they may wake up some fine morning and find that there has been another slump—that the real Institute has seceded—some 1800 in number; that it has followed the pattern set at Cleveland, and gone off by itself and formed a society where they, too, will have something to say. In the light of the damnable indifference to these absent members, this vociferous voting down of anything that looks in the direction of conferring some faint semblance of franchise upon them, it partakes of the top-line of hypocrisy to scour the land with a fine-tooth comb between Institute elections—beg pardon!—between Institute meetings and implore and implead the dear general practitioner to come into the Institute-fold, and pay his seven dollars, because of the good that Institute will do him—by letting him read the Transactions of the exclusive 400 who make the laws and govern the Institute. The General Practitioner is a long-suffering individual. But the 400 may play horse with him just once too often.

♦ ♦

Getting Even with a Homeopathic Editor.

Having latterly been charged by implication with unfair treatment of homeopathic books by a homeopathic publishing firm, traveling under a historic name, no member of the present corporation bearing that name, we rise in our seat to defy any homeopathic publishing house anywhere to substantiate the charge of our injuriously criticising a true homeopathic book. A letter written to that firm, asking for the instance or instances in point, fails to bring even one, but shows that the firm is hiding behind its personal privilege which, with the usual acumen of a widely read homeopathic editor, who has watched this firm and others still older, for almost a generation, is thoroughly familiar to us.

But this is not to be accepted as a promise that we will *not* write down any book sent to us, if it proves to be unworthy of the profession, viewed through our circumscribed spectacles. We have never yet sold our Review Notice to an author or a homeopathic publishing house, and, if we keep what little judgment we possess, never will! There is nothing heroic or hysteric about this statement. It is a simple fact.

From the beginning of our writing in the homeopathic field we have held firmly to the belief that a beautifully bound and half-toned book, even with the publishers' compliments, cannot blind us to its possibly inherent defects. That we may have made mistakes in this department, as in others, we will not attempt to deny. But it was not a willful perversion of judgment.

Two very prominent homeopathic books, issuing from the pens of two of our most emi-

nent homeopathic writers and teachers, have latterly appeared in the book field and been book-reviewed in some of the weakest as well as the strongest of contemporary journals. When we, therefore, wondering why the mail or the express failed of bringing these books to our table, made a proper inquiry, the answer was given that our uniform course in treating with that firm generally, not as to books, however, had been to "give it to them in the neck"; hence, they felt under no obligation to honor this journal with any of their books. And thus stands the case.

It is not a pleasant reflection upon the assumed honesty of judgment of the other journals who were "favored" with these books. It would imply that they could be depended on under any and all circumstances to speak well of the book-output of this firm, and, hence, they were "favored" with an additional book to put upon their shelves. But we, having the bad reputation of hewing to the line, whether or no,—we are cut off from this homeopathic company's products, for we might be tempted to tell unpleasant truths, because, forsooth, "we had it in for this firm."

Not for a moment do we insinuate that these two books, and others issued by this firm, are unworthy of the fullest confidence of the profession. We simply make this statement that the profession, who read our journal and look for book reviews of new homeopathic books, and do not find any of this firm's books so reviewed, will understand the true situation, and will not assume that, because we do not review these and other books, they were received in due course, but, because of our personal love and friendship for the eminent authors, we preferred to remain silent.

♦ ♦

Newspaper Indecencies.

One of the pleasant things among others in connection with the operation and recovery of the King of England is the fact that the daily press did not give—because the doctors did not give—the color of his stools and urine and spittle, and other nauseating details. That was one of the justifiable criticisms of the Englishers upon the American physicians and press in dealing with the case of our late and lamented President McKinley. The case of King Edward was handled with the utmost caution and circumspection—not only in the sick chamber, but as well in the bulletins and daily press. We honor our English brethren for this regard for decency. It was disgusting in the extreme during last year, to find our breakfast table decorated with a minute report of those things in the case of the President which should never have been permitted to issue from that chamber of agony. It has also amused us a good deal to read among the American newspaper articles, concerning the

treatment of the King, that he would certainly get well, because, forsooth, his chief surgeon or medical director was so ineffably neat and clean that he has been known to change his shirt as often as six times in one day. And still a further cause for gratification lies in the fact that those wonderful fellows, the newspaper doctors of New York, were all wrong in their prognostications, for the King has negatived their diagnosis and prognosis at every point. And their columns of description detailing why the King could not get well, because the English doctors are not so well posted on appendicitis as we are, and hence, their proper and logical duty was to have cabled at once for two or three of our New York specialists—and, in especial, that group of successful newspaper specialists who attended McKinley! Then there would have been a long postponement of the coronation services. All hail, King Edward! May you live long and prosper! We are not of your stock or your nation, but we admire a good man and wish him well!

♦ ♦

Our Apology.

We have lived a good many years, and written and said a good deal in our own peculiar ax-like way. Yet, notwithstanding our plain speech, the impression is extant that we would sell ourselves for a paltry office. That a man may honestly want an office because he believes he is in line, competent, and logically entitled to it, and not because he needs the salary to keep house with, or the fame to get a practice with, does not seem to be conceivable. When the Institute decided by its Executive Committee that it would come to Cleveland, our criticism ceased. There was nothing more to say. There was nothing before the house. We stood by the Institute as we have always done. And because we did so, we were obliged to swallow the insult a hundred times over that we had "sold out"; that we were employing our rectus abdominis in crawling; pleading to be taken into the bandwagon, and not left shivering and alone on the front steps of our parish practice. These critics, friends and enemies, could not understand that there is a law of hospitality, as well as a law of loyalty to one's own home city, that might govern an honest man, and still not make him a groveling hypocrite. We were on the scene and could easily calculate what it meant to the Institute members to have peace and harmony prevail while they were here. And we elected to help make the Institute happy and "at home" in our home. If we, indeed, lost votes because of our fidelity, we have only to say that there are some defeats more glorious than victories.

♦ ♦

How to be Happy though a Doctor.

A writer in the Br. Med. Journal holds that the most eligible, satisfactory, and enjoyable

position in the whole range of medical practice is the life of a country doctor, taking for granted he settles in a "pleasant neighborhood." His social position must be first-rate; his income sufficient to enable him to live comfortably, to educate his children properly, and take a holiday yearly. He must refrain from entering politics and not trouble himself about local affairs. Contrasting the life of a country doctor with that of his city brother, the writer very properly remarks that the city doctor may fail outright, and even after he has attained success, can maintain his position only by the most strenuous exertions. Citation is made to the lives of Paget, Gull, Jenner, and Clark, as examples of men who have won renown by dint of hard work, and whose weight of responsibility was far too great for the average man. The life of the city practitioner is one round of rush and hurry, broken meals, interrupted sleep, and a thousand distractions calculated to unnerve a man; besides facing a competition unknown in suburban practice.

In giving advice to young practitioners, the writer quotes from a paper read by Dr. Ferguson, of Banff, "My advice is to become assistant for a few years before starting on your own account; the time thus spent you will never regret in after-life. We all make mistakes, and continue to do so, more or less, through our professional life, but beginners are more liable to do so, and being associated with a more experienced practitioner with whom they can talk over their cases is recommended."

In laying down rules of conduct for the physician, the writer recalls the fact that old-fashioned views have changed and the doctor is now an important, integral, and indispensable factor in the social life of the country, and gives the following reasons why this is so:

"First, because he is himself better educated, at public school or university, where perhaps he has rubbed shoulder to shoulder with squire or parson, or their sons, and is recognized as a cultured gentleman, who, without being shoppy, can expound the mysteries of his craft and keep on the crest of the wave of modern science; who can advise Lady Bountiful about her cottage hospital, and what is the best diet for convalescence, and as there is a boom in bacilli, he can work cordially with the medical officer of health and help him to popularize his views.

"In these days it is increasingly difficult to know what to do with our boys, but the noticeable decrease in the number of medical students requires some notice. This year there was a marked decrease, and perhaps we need not regret the smaller number of competitors for the dry loaves and somewhat attenuated fishes of professional life. The reasons for this partial boycotting of the Medical Register are not far to seek.

"First, the rigidity of the preliminary exami-

nation screwed up, as we think it, far too tight by pedantic examiners, and.

"Secondly, the added fifth year, which prolongs the agony of the student and his long-suffering father, and will eventually make the medical profession a close borough for rich and well-to-do people.

"Thirdly, the feeling which unhappily lingers on in the country districts that a doctor, however well educated and capable he may be, is inferior socially to his brother who has gone into the church, or his father who owns a bit of land, and.

"Fourthly, the incessant worries and anxieties of practice, the irregular hours, the long and too often unnecessary drives, the slanders and backbiting, and sometimes unprofessional rivalries of ordinary rural or village life; and when you have to deal with the smart set, happily indigenous to London and non-existent elsewhere, their vagaries, and absurdities, and insolence, and parasitic exactions, going in furiously for Christian Science one year and for homeopathy the next, or treating all their friends out of some manual or according to a prescription they have received from Dr. So-and-so; and spreading, with the aid of ministers of the gospel, an injudicious mixture of stale and often refuted calumnies about vivisection, vaccination and whatever else may chance to be the society shibboleth of the hour."

♦ ♦

The Assistant Secretary.

By all means, men and brethren of the Institute, "kill" that proposed amendment creating the office of Assistant Secretary to the Institute. There is absolutely no need for the office. The Secretary has now, under the revised Constitution and By-Laws, less than half the work that he had formerly to do; and if the Committee on Revision of By-Laws had reason for believing that, even under the old full-sectioned Institute, there was no killing need for a Recording Secretary, then there is certainly no need for the same officer, under a different name, but with the same functions and same salary, in the present Institute. Stop monkeying with the Constitution and By-Laws and get settled down to Institute business. We would respectfully suggest that at the eleventh hour of the Boston meeting someone propose to amend the Constitution and By-Laws and such articles and section by reinstating all the former sections, and forevermore knock out the specialist plan which was passed at this recent session. Not that we care a bunch of spring onions about it, but only to give this class of parliamentary practitioners, who always wait until the great majority has settled its hotel bill and gone home, a little passing notoriety and get their names in the papers as doing something. The proposition to re-establish this office of Recording Secretary,

within two days after it had been unanimously thrown out as unnecessary, upon a unanimous committee report,—a committee which had sat upon it for a whole year,—is in the light of the veriest child's play. It is an insult to the intelligence of that Institute. What had occurred in the interim between the unanimous throwing out of that office on Wednesday and Saturday morning, a half hour before the Institute adjourned, to call for the re-incarnation of this office? Who was pulling the strings? We speak from absolute experience, and in the light of the latest lopping off of the Institute sections, when we declare that this office is now useless, unnecessary, and designed merely to favor some friend of the sitting administration. 'Raus mit ihm!

♦ ♦

Obituary.

Dr. John Newell Tilden.

Dr. John Newell Tilden died at his home in Peekskill, July 10. Dr. Tilden was born in Onondaga, N. Y., June 10, 1842. He was graduated first from Syracuse University, and then from Hamilton College, where he received the degree of A. M. After teaching at the Rome Academy for a time, he entered the Long Island College of Physicians and Surgeons, from which he was graduated. He practiced in Watertown, N. Y., until the Civil War broke out, when he entered the army as a physician and surgeon and for two years was attached to the Department of Arkansas. At the end of the war he again established an office at Watertown.

Some thirty years ago he went to Peekskill, where he became one of the best known homeopathic physicians in the section, giving much time aside from his practice to research and literary work. On account of his health he relinquished his practice, and in 1887, with Colonel Charles Jefferson Wright, assumed the principalship and proprietorship of the Peekskill Military Academy. Colonel Wright retired, and Dr. Tilden continued alone as principal. On April 16, 1888, the academy celebrated its one hundredth anniversary.

During the Christmas recess in 1892 some of the students remained at school. For them and some friends an entertainment was arranged, and Dr. Tilden assumed the rôle of Santa Claus. His costume of cotton and other inflammable material caught fire, and before the flames were put out he was seriously burned. It was weeks before he was about again. The shock left him with a serious heart affection, with which he has suffered since. An attack of pneumonia a year ago left him weak, and various complications set in which caused his death.

—Dr. G. W. Pope, perhaps the oldest homeopathic physician in the District of Columbia.

died last month. He was also a practitioner for forty years.

The pallbearers at his funeral were Dr. C. W. Sonnenschmidt, Dr. J. B. Gregg Custis, Dr. J. H. Branson, Dr. L. B. Swartwout, Dr. C. W. Swormstedt and Dr. C. B. Gilbert.

Dr. Pope was a graduate of the Albany Medical College. He practiced in other cities and was connected with a number of hospitals before he went to Washington to locate. He was seventy-two years old and a native of Rome, N. Y. His father, Dr. Augustus Pope, was a distinguished medical practitioner. A brother of the deceased, Benjamin F. Pope, became surgeon general in the United States army. The wife of Dr. Pope died in 1895.

—Dr. Martin Deschere, one of the best-known and most prominent homeopathic specialists on children's diseases in this country, died July 22, in New York. Heart trouble is given as the cause of death.

♦ ♦

Globules.

—Dr. W. B. Clarke of Indianapolis has given two lectures on Vaccination in St. Paul, Minn., to large and enthusiastic popular audiences. These meetings were public debates with the St. Paul and Minnesota Health Commissioners. Dr. Clarke is, as a rule, a forceful speaker, and when he gets on his native heath, as he does when he touches the question of anti-vaccination, he is armed at every point.

—Dr. W. A. Dewey has retired for a summer's vacation to his maple syrup foundry on the bleak hills of Vermont. Dewey has given us one of the best reports of the American Institute of Homeopathy in July Century which has thus far reached our desk. The talented editor was a constant attendant at the sections as author or auditor, and took copious notes. He has brought the Medical Century up to high-water mark, and it presents every evidence of being a successful business venture.

—The fifteenth annual meeting of the American Association of Official Surgeons will be held in Chicago, September 10 and 11, 1902. A programme is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinary, and gynecological work, and in the treatment of all chronic diseases. The official surgeons are the workers in the great field of the reflexes, and the profession generally is every day being brought closer to a realization of the fact that the reflexes play a most important part in the chronic manifestations of disease. Papers and discussions will cover the entire scope of the work, preparatory, operative, and therapeutic, and the sessions will be of great benefit to all who attend. H. C.

Aldrich, M. D., of Minneapolis, Minn., President; Ralph St. J. Perry, M. D., Secretary, Farmington, Minn.

—Dr. John L. Moffat, Brooklyn, N. Y., announces that he will be in the city throughout the summer at 1136 Dean Street, with office hours from 9 to 12 and 5 to 7. From July 7 to September 7 in the afternoons, and on Sundays, only by appointment.

—About the last week in June, 1903, Dr. Kraft will conduct his next party to Europe. He will sail from New York for Naples and from there travel north until reaching Liverpool, from which point home. Absent from sixty to seventy days. Round trip price, \$510. This includes travel—tickets on ocean, railways, rivers, lakes, and channels; also hotels, care of baggage, drives in the larger cities, and visits to the principal points of interest in each place. Everything first-class. Steamer berths will be assigned in the order of application. Address Dr. Kraft, 57 Bell Avenue, Cleveland.

—The Faculties, of the Medical, Dental, and Pharmaceutical Departments of the College of Physicians and Surgeons, San Francisco, have sent us a very handsome invitation card to attend their commencement exercises last June in the Metropolitan Temple, with a long list of graduates ready for the final honors. Dr. D. A. Hodghead is Dean of the Faculties.

—We missed our good friends the Antikamnia people at the Institute session at Cleveland. But if they did not make any display or seek to draw to themselves any new attention, it was probably due to the fact that they are so well known the world over that it was hardly worth the while to engage a corner of the crowded Chamber of Commerce corridor or lobbies for a display of their little square boxes. But we would like to have met Mr. Ruf for a little chat, just the same.

—We also noticed the distinguished absence of the chief combination-tablet foundry from the Exhibit department of the last American Institute. Possibly they were busy drafting new letters, of the heart-to-heart kind, explaining to its many gilt-edged subscribers why the much promised dividend of twenty per cent. had not been paid. Besides all that it might have been embarrassing to them, had they been present, to have heard that report from the other side of the door, denouncing the combination-tablet industry. Which reminds us to say that we see but little, precious little, literature nowadays recommending the combination tabs. Can't these industrious foundries with the better-than-government-bond annex inveigle a few more "prominent" homeopaths to write some letters of commendation for these short-cuts to cure? Surely.

—Dr. A. B. Norton of 16 West Forty-fifth Street, New York, sails for Europe on July 24 to be absent until September 29. During his absence Dr. Munson, who has been associated with Dr. Norton for the last six years, will be in the office daily. Bon voyage to Dr. Norton and a safe return.

—On the election for President in the Institute when the three candidates were in the field, the total vote cast was 319. When it was announced, on the following morning, that there had been no choice, and a new vote must be taken, it was feared that so many of the faithful had already departed, shortly after casting their ballots, that there would in reality be no "honest" expression of the Institute's wish in the matter—because "our" side had gone home. But note, kindly, that on the second election there were 291 votes cast, only 28 less than on the preceding day. Which goes to show that there was a good deal of interest in the presidential election; and also that the faithful had been properly impleaded and instructed, if not commanded, to remain and serve the good of the cause—our cause.

—The twenty-third annual meeting of the International Hahnemannian Association occurred on June 24, 25, and 26 at the Chicago Beach hotel, and had a good meeting. In the programme sent us, we recognize the names of many of the homeopathic-world's foremost homeopaths. And also the names of those who never leave their front-door step for the best society that ever met in any city of the Union. But they usually send a good paper on some instructive topic; so perhaps that is just as well.

—The Surgical and Gynecological Association held its several meetings in the Hollenden Hotel, just preceding the meetings of the American Institute, and, under the chairmanship of its President, Dr. Louis Hartman, had some very interesting sessions. It was feared that all the big men of these specialties would exhaust themselves in this section of their specialty; so that when the correlated sections in the Institute opened up their work the seats would be empty. But, happily, this proved to be not true. Dr. Biggar's section in Gynecology, and Dr. Kalke's section in Surgery, had no diminution in numbers or interest. Both sections were well attended; and both chairmen expressed themselves as most agreeably surprised at the generous attendance and interest taken in the sectional work.

—The Omaha Bee printed a telegraphic dispatch emanating from Cleveland, during the Institute week, announcing that the Memorial services for the dead were held most impressively; the dead during the past year, and for whom these exercises were held being, Drs. Helmuth, Julia Holmes Smith, and Cowperthwaite. We know, of course, that Helmuth is dead, and

we know nothing of Julia Holmes Smith; but we did believe that it was Cowperthwaite who was present at that same memorial meeting and read that wonderfully beautiful poem in honor of the Institute's dead. Years ago, when we were yet dabbling in Theosophy, we used to know something about the astral body. But this that we saw on that Chamber of Commerce platform that Memorial night, when the opera bouffe singer was not holding the boards, was a physical body, full of life and vitality and good for another score of years. The press is a wonderful lever—for mixing things occasionally. The chances are that all the good things Cowperthwaite has said and done up to the date of the meeting in Cleveland will be forgotten; while this obscure notice in an Omaha paper will keep in circulation to worry him for months to come. He will be required to explain to his vast concourse of friends that he is not dead. And even then some people will likely not believe him—he is such a practical joker.

—Dr. George Brown of Atlanta, Ga., makes the suggestion to hold a World's Fair Congress of Tuberculosis in St. Louis during the Great Fair there in 1904. The idea of the doctor is to form an advisory or organizing council, composed of the editor of each medical journal, the president of each State Board of Health, and of other medical societies, and let them organize and shape the matter. The suggestion is an excellent one, and we trust may be acted upon.

—The funeral services of the late Dr. Wm. Tod Helmuth were held at St. Bartholomew's Church, Forty-fourth Street and Madison Avenue, New York. The church was crowded with friends of the dead surgeon. The honorary pallbearers were Anson R. Flower, Morris K. Jesup, Isaac Platt, Colonel E. W. Bass, U. S. A.; Dr. George W. Shelton, Edward H. Wetherbee, Dr. George Wetmore, Dr. F. C. Doughty, General John T. Lockman and John S. Bassett. Burial was in Woodlawn Cemetery.

—The American Monthly Review of Reviews carries its self-same reliable trustworthy monthly account of what has been doing in the world. It is most gratifying, upon opening the new tissue, to read along its first dozen pages and find that your own private opinion of affairs has been so ably crystallized and set forth by the editor of this popular magazine. There is never any evidence of haste or prejudice in these opinions. They are always presented in the true judicial manner, with a careful eye to the other side. The editor has occasionally to meet and fight current popular prejudices, always a difficult task, but thus far his absolute fairness and wish to treat the mooted matters honestly have kept him from the unhappy lot of other editors, who have had to eat their own words because of unpopularity at the moment of writing, though later, perhaps, the views expressed were

accepted and viewed in the light of prophecy. As we have formerly said, the busy man, in whatever profession or vocation, will find the latest reliable news of the world in the latest number of this Review of Reviews, without all the bother of reading it in a dozen different journals for a fortnight or more. The prominent topics are sure to find a place in the pages of this magazine; take for instance the July issue. Here we have discussed: The Fallacy of the Beet-Sugar Argument, The British King's Real Power, Where our Hard Coal Comes From, Issues that Lie Back of the Coal Strike, The Isthmian Canal Question, the West Point Training—and what could a busy man or any other want more pertinent to his everyday life than a discussion of these and kindred questions—that concern him individually and governmentally?

—Dr. Robert N. Tooker, Jr., '00, Chicago, was married recently to Miss Marie Gertrude Fulton, of Buena Park, Chicago. A reception was given after the marriage to three hundred of their friends.

If "young" Robert is a true chip of the "old" Robert, then the succession is sure to be a worthy one.

—The following names were duly elected seniors in the American Institute of Homeopathy: J. D. Buck, Cincinnati; C. G. Higbee, St. Paul; W. H. Jenny, Kansas City; E. V. Van Norman, Los Angeles; H. P. Bellows, Boston; J. A. Compton, Indianapolis; N. B. Delamater, Chicago; E. B. Spinney, Reed City; W. C. Richardson, St. Louis; N. Emmons Paine, West Newton; J. H. Wilson, Bellefontaine; George W. Bowen, Fort Wayne.

—If Secretary Gatchell does what his best friends say he will do, and as we believe he will—that is to say, get out the Institute Transactions within the limit laid down in the Constitution and By-Laws, then some few of our journalistic brethren who pre-empted the field, and "gobbled" up all the good papers of the Institute months and months beforehand, will have a lot of second-hand material on their galleys—not worth the print room. This is why we laugh. And Gatchell is liable to do just that thing,—that is to say, get out the Transactions on time.

—Paul Leicester Ford's last completed story which now appears in the Century Magazine is said to be an exceptionally sweet one. It deals with the never-failing love element, but, contrary to the silliness of his former heroines, this one seems endowed with the real genny-wine article. Unlike Janice, she is not going to be engaged to every man who comes down the pike, whether he be a Federalist or a Britisher; and the slate-colored eyes of she who had to be obeyed in poor Hon. Peter Sterling will have but little to do in this new story: "Wanted, A Chaperon." The July Century treats of a number of practical things which need to be read to

be really appreciated. A Miracle of Irrigation reads almost like a miracle. Some of the pictures which have accompanied this subject from time to time of the "Before-and-After" kind show forth the wonderful possibilities of the former barren West. We of the older crop of people, who were young during the Civil War, remember most vividly that great barren spot in the geography marked The Great American Desert. It no longer appears in any geography. We tire a little wee bit of Eugene Field-ism; this genial writer and poet has had his day. We knew him personally, and perhaps because thereof we never fell down in worship of our old friend. Primarily, we are "foreinist" all hero-worship. Besides all that, Field has filled the "literary" journals now for some months. Perhaps the end is come, and some room may be made for the living.

—St. Nicholas has a very clever story entitled "Clever Mr. Fox," which is of the Uncle Remus order. It reads well and carries its pretty moral to young and old. "A Human Projectile," a marvelous incident of the Civil War, is another of the stories which will be read by all kinds and conditions of men, because of its interest and its truthfulness. In other ways St. Nicholas keeps up its monthly grist of good things. It is a clean, healthy, ambition-inciting monthly which every boy and girl—from ætat. two to sixty-four—should find on his library table each month.

—American Medicine publishes, with an engraving, a new device for puncturing the "bag of waters" (in obstetrical work). This consists of a small trocar running in a cannula and controlled by a concealed spring. When needed the cannula is placed against the amniotic sac, and pressure on the distal end pushes the trocar into the sac. By reducing the pressure, the trocar flies back into the cannula. But what about keeping this instrument aseptic? How many obstetricians have ever experienced any great trouble in rupturing the membrane, with a clean fingernail? Or in extra thick walls would not any pointed instrument, surgically clean, suffice?

—A new theory of the causation of fixed wry-neck is given by Dr. C. B. Keetley. Briefly stated, it is that the contraction of the sternomastoid is not due to the ruptured muscle fibers, but to the torn vessels inside the muscle-sheath producing eventual contracture by a process which may be analogous to the production of shriveled ear after hematoma auris. There are many facts to which the theory might be fitted, and it is well worthy of thorough investigation.

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SEPTEMBER, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



WM. HARVEY KING, M. D.,
DEAN OF THE
NEW YORK HOMOEOPATHIC COLLEGE.

WE TOLD YOU SO.

IT is with considerable of amusement that we note the sudden interest manifested in the injustices of the State Examination and Registration laws. Some years ago, when these laws had not yet been placed upon the law books, when New York was almost alone in the barbed-wire atrocity we wrote a number of editorials, running over many months, condemning the trades-unionism and the selfishness of the move. We made ourself very unpopular in New York, and were the recipients of many letters from its physicians condemning our unprofessional viewpoint.

We do not now remember that there was one old-school journal in the land which had a word in opposition to the proposed laws; and this, mainly, because it was currently supposed that the

laws were made to crowd out the "irregulars" and help keep themselves in first place.

Several of the homeopathic journals took up the matter, notably the Medical Century, and stood by us. And more complimentary still was the fact, which continues a fact to this moment, that the American Institute of Homeopathy has never permitted itself to approve or in any other way show a predilection for these laws. Now, however, since American Medicine has opened the ball, all the other old-school journals are beginning to pipe up and dance and repeat the well-stated arguments of their leader-journal against the patent injustice and selfishness of the laws.

It pleases us, as we stated at the outset, to note the tardy activity in the matter; but still more to observe that the main points of the arguments now employed by the old school are the very ones which we used several years ago, and none other. We have not seen a single new argument advanced.

In New York, and in other of the larger States, it has become very evident to the old school that the calling into existence of these registration and examination laws has given the homeopaths and the eclectics a standing before the law which the former-day ridicule and persecution could no longer assail; for before the enacting of the laws, the homeopaths were acclaimed as quacks and empirics, who had neither knowledge nor common honesty; who battered and fattened upon the credulity of the public; who played upon a sectarian name; but as for medical or surgical knowledge, they had none—absolutely none; it was, therefore, urged because believed that the inauguration of a strict examination law would destroy the little-pill fellows, drive them out of the State, and soon dismantle their alleged homeopathic schools. But now, since the laws are in operation, the old-school people have discovered that the homeopath takes no second place in the examinations, and is measurably

content with the law. So that one of the grand purposes of the original framers of the restrictive measures has been defeated.

Of course, it wouldn't do to make any such statement to the (old-school) profession at this time, in the hope that this would unseat the medical acts; but something *must* be done, otherwise the people themselves will rise and demand a repeal of the worse than coal-mine-labor-unionism. So they have attacked that part which forbids a physician, educated and trained and honored, from practicing his profession in a neighboring State, or in a State where he happens to be summer-resorting or sojourning with one of his best families. Clearly this is a mercenary view; but it is the one which appeals most readily to the human mind—and pocket.

We agree most heartily with all the arguments advanced by American Medicine—for we advanced these ourself a half-dozen years ago, some of them almost word for word—that medical licensure should be made “with brains, sir!” It is right and proper that there should be examinations to determine the efficiency of an applicant for licensure; but, having once convinced a properly constituted board of such efficiency, it is the height of un-Americanism to ask that same applicant to appear again in every State of our Union, in which he may wish to cast his tent, and undergo renewed examinations. This is so palpably unjust that we have always wondered it did not appeal to the ordinary common sense of every American physician. But the trade-selfishness of the average man kept him from “kicking”; for he saw in the proposed putting up of the barbed wires about his State a safe and sure method of keeping out better doctors than himself; and in a little time, he believed, the field would belong entirely to the home-grown doctor; he would become cock of the walk, because he no longer had fear of competition.

So long as the medical law had but one, or, at most, two of the big States in its grasp, and all the other States and Territories were open, it was good picking for the fortunate fellow in the one or two barb-wired principalities; for he could go where he pleased, practice as much medicine and surgery as he liked, take the bread of the local professional brother, while no one could pass into his own charmed and protected circle! However, since the other States found it expedient to enact equally stringent laws, it has begun to dawn upon the Pennsylvania and New

York brother that two can play at this game; and hence the “squeal” which now issues from Philadelphia, and is being echoed in all the allopathic journals of the land.

There isn't an argument that American Medicine has advanced, or can advance, that could not have been known to its talented editor in the beginning of the medical-law agitation. If it made any opposition to the proposed laws we do not now recall it; and it is decidedly late to make a “holler” *now*, after all the other States have shut their doors against New York and Pennsylvania, and compelled the political-doctors of those sovereignties to stay in their own little county and bailiwick and earn a precarious living within their own circumscribed door-yard and barn-yard adnexa.

It is also becoming evident, and for the same reason, as above enumerated, *i. e.*, the loss of dollars and practice, that the law is utterly inadequate for protecting the people—viewed from the standpoint of the doctors. It is known that the advertising-devils fill the daily and weekly, the religious and magazine press with their nauseating and polluting stuff; they carry it in handbills and booklets directly to the front door bell of the citizen and his innocent daughter. It is known that diplomaed-doctors hire themselves out to monopolistic patent-medicine firms at so much per, and are thus above the legal action of any law which the enraged self-seeking doctor may place upon the statutes of the State. In short, nothing has been accomplished, so far as we can see, except to make the labor of medical practice harder for the honest man, the truly qualified man; while the empiric, the scallawag, and the downright and the out-and-out scoundrel flourishes and grows rich.

In New York, for instance, the law has been made so ridiculously rigorous that no man may apply for registration who has not had certain college educational facilities before attempting the study of medicine. So that the vast majority of successful physicians of to-day, who fought their way from the log schoolhouse, through hard servitude, in many menial capacities up into the study and practice of medicine; and then by years of success established their place in the community, are as much outlawed in New York as if they had been disfranchised for some crime after a full residence in the penal annex at Ossining. While, on the other hand, the young man whose maiden aunt or indulgent parents wanted a doc-

tor in the family, pushed their pet boy through school after school, with nothing to do during all the time except memorizing the rules that were placed upon the blackboard or copybook for him, at last makes application for examination, passes with flying colors, and is granted permission to practice that of which he knows nothing whatsoever except what has been poured into him by hypothetical professors and medical aunties.

As we repeatedly said, in the times past, if Cowperthwaite, or Biggar, or Wood, or Hanchett, or Green, or Allen should apply for examination and registration in New York he would be thrown out first, because he had not been through all the rules of algebra, of Cæsar, and of the fourth dimension; and, second, even if thus fortunately appareled, he could not now after twenty years of practice make a forty per cent. examination on the *scaffolding* of a profession, in which he had been *building* sky-scrapers for years out of number.

We appealed to Father Paine many years ago for some possible loop-hole through which to pass accredited physicians; pointing out to him the injustice of barring out old and experienced men, while passing in a horde of young, untired theoretical men; and besides keeping in another another horde of men who could not pass even forty per cent in State examination.

These rigorous laws were designed as and for selfish measures. *i. e.*, for the benefit of the doctors and *never* for the people! A number of years' experience with them has shown that they are mistakes of the first magnitude in that they have proven most cruelly unjust to the doctor himself; for they have taken away his mobility and as well his independence; while they protect, even in rigorous New York the shyster-doctor with the diploma who may roam all over his State, advertise in all the papers, form himself into companies for overrunning the State with fake medicines, while the honest and many-times tried and examined doctor may be compelled to abandon his profession at last, take to street-car motoring or conducting, or even become stool-pigeon for mining companies in order to eke a living in his own barb-wired State.

In order that we may not be misunderstood in what we have said, we recapitulate: that, first, a medical law which examines an applicant for his efficiency is right and should continue on the books; but we insist, with Walton, that a man should be examined to discover what he knows,

not to learn what he does not know: second, after a man has fairly proven his competency as a physician, and his reputation as a citizen, in Ohio, for instance, he should not be debarred from following his profession in Indiana or New York or California without insisting on his further and expensive examinations in all the other States and Territories of our great American sovereignty; and, third, that a man who has been practicing medicine for fifteen or twenty years, who has been in the public eye for that period of time, who has paid his bills, and borne himself an honest and upright citizen, should not be turned down and thrown out because he may not be able—and in ninety-nine per cent. of cases he will not be able—to pass a schoolboy civil-service examination.

* * *

SELDEN H. TALCOTT.

IT was truly pitiful to lose this grand and good man and homeopath. Only such a little while before he had completed his twenty-fifth year as medical superintendent of the Middletown State Hospital, and had been made the recipient of an ovation and a loving-cup in which the best men and women in the profession participated directly or indirect. And what a sense of satisfaction it must be to such participants to remember now that it had been in their power to testify to this man's popularity; and to give evidence of their love for him.

It was strange, taking it all in all, this whole loving-cup episode. The chief actor in the scene, barring Talcott himself—namely the immortal Helmuth—was ill at the time, stricken with death's dart, to linger scarce an hour following the close of the loving-cup incident; his loving-cup poem, the last perhaps he ever wrote before his passing, being read by another. Hardly had the news of Helmuth's death been absorbed and the memorial services in his honor fairly out of the way, the stage of life cleared for someone else, when Talcott, the young man, the stalwart in health, in homeopathy, in love for his fellow man, joined his friend and brother on the other shore.

The testimonial to Talcott was appreciated by him, as it was it was by his multitude of friends everywhere. He had lived to see his labors publicly applauded by those for whom every man has the greatest concern, his own brethren—the best judges of his actions. He had rounded out a quarter century in public work, himself and

his work many times assailed by the bitterness of State politics. But he had triumphed and his work was crowned by the public plaudits of his admiring brethren as well as those of his large circle of friends who were not professional.

If it be true, and it is, that the end crowns the work, then Talcott had reached the height of transitory glory. The flowers of love had been given to him in life. It was given him to inhale the incense of love and honor which a loving fraternity burnt at his altar. Greater immortality than this is not for mortal man. He may never be perpetuated in bronze or storied urn; but he lies buried deep in the hearts of his many sorrowing friends. He had a most singularly beautiful disposition in that he never made an enemy. He was possessed of rare tact and love; and though he fought his opponents most royally he never dipped his lance in gall. He was a wonderful man. And the monument which he erected during twenty-five years will endure to keep his name and fame fresh and green in the hearts of a generation of admiring homeopaths.

Hughes, Helmut, Talcott! Peace to each!

* * *

T. C. DUNCAN, M. D., PH. D., LL. D.

WE learn from a letter written by his son, Dr. Francis Duncan, that his father died suddenly on July 16 of heart failure—ill but a day. This reminds us of a letter we had from Dr. T. C. Duncan under date of June 15, in which he said:

"Is it not a shame that an old man I have taken care of for twenty-eight years should begin to suspend animation just at this time? But I cannot leave a dying man. I thought he could not live the night out, but strange he still lives. So I cannot be with you, I guess. . . The last time the Institute was in Cleveland, I think, was '72. Then I was called away by sickness. Now, I cannot even go. Hope that you will have a good, lively meeting."

The "dying man" referred to in above is still living; while his physician has gone to his eternal reward. The mutations of fate are truly wonderful!

Dr. Duncan has been an active and already energetic worker in the homeopathic field. Of late years he has devoted himself as a specialty to diseases of the heart. And it seems peculiarly coincidental that so many of our profession making specialties of certain parts of the grand field of medicine pass out through that same portal.

Only a few days ago we read of Dr. Grisson of Washington, who had made a specialty of insanity, becoming insane and then departing this life. Medical history has many such unfortunate instances. One of the most pathetic was that of Dr. Rollin R. Gregg of our school who, while dying with tuberculosis, wrote his last book upon that subject, using himself as an example.

Again we refer to the fact that so many of our practitioners are passing into the Great Mystery without long and lingering illness. Dake, Helmut, Hughes, Talcott, and many others, and now Duncan. He giveth His beloved Sleep. It is the ideal passing of the wearied soul and tired body. A long farewell to our departed brother. May his sleep be refreshing and his waking joyful!

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Remedies in Croup.

Dr. S. G. A. Brown²³ gives the following: If the child has been exposed to a dry, cold wind, and suddenly develops a high fever, becomes restless and thirsty, has a dry, croupy, metallic cough and tosses about, give it aconite.

Hepar is indicated when the child is sensitive to cold air; there is rattling of moist mucus in the throat; croup comes on after midnight.

Give spongia if there is a short, hard, barking cough, and the child seems as if it might strangle. Here, however, the attack comes on before midnight, and the child wants to bend the head backward in order to breathe better.

If there is a violent, jerky cough, the little patient gets blue in the face and the throat and chest seem sore, give iodine. Especially is it of value in dark-complexioned children.

Kali bichromicum may be thought of in fat, chubby children, with a constant, hoarse, barking cough, and also later on, when a tough stringy mucus is coughed up.

Ipecac, although a household remedy, is useful only when there are shocking coughs, especially on falling asleep, with some strangling and more more or less nausea and vomiting. The child is usually worse early in the evening.

Lastly, I would mention lobelia. If there is a constant ringing cough, with much shortness of breath, and the child seems in great anguish and catches at its throat, try it and be convinced.

Pareira Brava.

Dr. Seiffert⁹: The indications for this remedy in the treatment of the urinary organs are as

follows: Induration of the mucous membrane of the bladder, so that it becomes almost cartilaginous. Constant urging to urinate with pain in the glans; urging, causing the patient to scream. The patient has to crouch down on all fours in order to discharge the urine. The urine contains much tough, thick, white mucus or leaves a deposit of red sand. During the strain, while urinating, there are pains along the thigh. The urine has a strong ammoniacal smell. Pareira brava in many respects is like berberis. But in berberis the urine is even more mucous than with pareira brava, and gives a copious clayey deposit of yellowish turbid appearance. Then again in pareira brava the drawing pains extend down the thigh, while in berberis they rarely extend further than into the hips.

As is manifest from this image, the sphere of action of this remedy is limited to the urinary organs and passages, and in general presents exactly the image of the colic attending renal calculi. With me the attack usually begins with a continuous convulsive sensation in the glans. Simultaneously there appears tenesmus of the bladder and the rectum, the only result being a discharge of urine drop by drop. In about two hours this is followed with drawing pains along the thighs, and all the rest of the attendant symptoms, but I always receive relief from pareira. At first I used the remedy in the manner prescribed by Dr. I. Jousset:

"During the attack give a teaspoonful of the following dilution:

Pareir brava 12.... 6 drops
Aqua destillata..... 200 grams

"In the interval between attacks pareira brava 6 or 12, twice a day, for a week, then an interval of four days, and continue the treatment for two months."

But later on, this dose did not prove sufficient, and from my own experience I have adopted the following mode: As soon as I notice the convulsive twitching of the penis, the tenesmus and the dripping of the urine, I take, without waiting for further developments, four drops of the mother-tincture, and after that two drops every quarter of an hour of pareira 6. At the same time copious draughts of milk are recommended; *i. e.*, if it can be borne without causing vomiting, as is sometimes the case. Thereby I avoid the drawing pains, and after a few minutes there is a copious discharge of urine with a restful sleep. On awakening, all the symptoms are gone.

This procedure has also proved successful with several of my patients. The remedy also acts well in catarrh of the bladder combined with tenesmus of the bladder and ureters. Richey Horner also recommends pareira in inflammation of the nerve of the thigh (*nervus cruralis anterior*).

Cinnamon in the Treatment of Influenza.

Dr. J. Carne Ross⁴⁰ writes to call the attention of the profession, during the present epidemic of

influenza, to the good results he has obtained during the last eleven years from the employment of cinnamon. He originally used a decoction of cinnamon, or the drug in compressed tablets; he now finds that the oil of cinnamon, which is more easily obtainable, is more effectual than the decoction, and that it may be used with effect even though the disease has shown itself for over twenty-four hours. He prescribes 5 minims of the oil of Ceylon cinnamon in a tablespoonful of water every hour till five doses have been taken, after that the same dose every two hours till the temperature becomes normal, when the dose should be taken four times a day for three days. The patient is required to stay strictly within doors for twenty-four hours after the temperature has fallen.

Natrum Mur.

Dr. Krichbaum²³ says: In intermittent fever this remedy has scored some of its greatest victories. It is suited to those cases occurring near shoals or rapids or where stagnant water is found. Especially too do we find it indicated after the abuse of quinine, or after eating much salt pork.

The chill starts about 10 or 11 A. M. every day, every other day, every third day, or fourth day. Begins at the extremities, which become very blue. There is throbbing pain in the head, the face is flushed and there may be delirium. Thirst for cold water during the entire attack. The cold is not ameliorated by heat or by applying bed covers, but he wants cold drinks. The teeth chatter, he tosses about, bones ache as if they would break, and vomiting often ensues.

In the fever he is almost scorched, so intense is the heat.

The sweat relieves the bone pains first, then gradually the headache disappears, and the attack is over. This is strongly *natrum muriaticum*.

In the great malarial districts of our country this remedy is a giant of colossal proportions. For this one phase of humanity's ills it is well worth exhaustive study. I have merely outlined some of its ramifications and marked characteristics.

Tuberculinum.*

The members⁹ gave their experience in the treatment of tuberculosis, and especially as to tuberculinum. According to the views of the physicians present, tuberculosis is seldom cured by tuberculinum alone, but this remedy must be given in alternation with other homeopathic medicines indicated (*Arsen. jod.*, *Phosphor. 30*, *Kali jodat.*, *Thuja 200*, *Silicea 200*, *Calcar. sulph. 6*, etc.). Others recommended first a dose of tuberculinum, then, after noting the ensuing symptoms, the selection of the appropriate homeopathic remedy. The general opinion was that tuberculinum should only be given in high and

* Translated from the "Proceedings of the Swiss and South German Homoeopathic Physicians at Schaffhausen," *Hom. Monatsh.*, November, 1901.

the highest potencies (30, 100, 500, 1000 and 1500 cent.). The physicians had used various preparations of tuberculinum by Drs. Koch, Schwarz, Nebel, and by Heath, as also the pulmonium by Dr. Mattes. Most of the physicians gave it in a single dose, waiting two, four and even twelve weeks before giving another dose of tuberculinum, or some other appropriate homeopathic remedy. Also in certain eczemas and in rheumatism, especially where there is tuberculosis in the family, tuberculinum was reported to have been used to advantage.

Chelidonium (Celandine).

E. A. Wolfe (Trans. Nat. Eclectic Med. Assoc.) reports favorable experiences with chelidonium majus in conditions suggesting the existence of congestion, or mild acute or sub-acute catarrhal inflammation of the stomach, bowel, or liver, especially cases associated with cough, or with headache and mental depression, in addition to local pain and tenderness, or jaundice. In one of his cases glycosuria was present, and he gave nux vomica and podophyllum as well as chelidonium. [Chelidonium as a remedy has not maintained professional confidence. The plant is described in the U. S. P., 1890, but no official preparation is given. The P. G., 1872, gives an extract, which is said to be used in doses of 10 grains; and in domestic practice an infusion is made with 1-2 ounce of the plant to a pint of water—the dosage being indefinite. The drug contains several alkaloids, concerning none of which is there sufficient information to serve as a basis for therapeutic advice. In the National Dispensatory the juice of the fresh plant is said to be a violent local irritant, a drastic purge, and a narcotic. All of these properties would indicate useful therapeutic powers if kept under proper control by a good preparation and well regulated dosage; but among official or domestic preparations there seems to be none that can be recommended highly. In European rural districts where the plant is indigenous, the fresh acrid juice, given in doses of 30 to 40 drops, is a popular remedy for dropsy, jaundice, and scrofula, and is applied locally for cutaneous warts.]

Fraxinus Americana.

Dr. R. T. White:¹¹ *Fraxinus americana* recommended in dysmenorrhea, but given a more important sphere of application by the late Dr. Burnett for uterine prolapsus and displacements, has proven a remedy of value in a much broader field of usefulness in its action upon the female pelvic organs than heretofore allotted to it. Its curative effects seem to be due to its qualities as a vaso-motor stimulant, centering primarily in the sexual sphere.

The mental symptoms showing depression with a nervous restlessness, anxiety, forgetfulness, with difficulty in mental concentration. Uterus enlarged and patulous, with a watery, un-

irritating leucorrhœa, readily displaced uterus, ligaments seemingly incapable of exercising the proper support.

We find usually tenderness in the left inguinal region, with weight and pressure through the epigastrium, bearing down with a feeling that viscera will be expelled, pain often extending down the thighs, and the many distressing symptoms which accompany sub-involution, comparing with *lilium tig.*, *sepia*, *cimicif.* The lower potencies appear to be most effective.

Bellis Perennis (The Daisy Brui sewort).

The indications for this little known drug are concisely summed up by Dr. H. C. Allen:²⁵

This member of our traumatic armamentarium holds the same place in domestic practice in England that *arnica* did in Germany before it was placed on the list of our polychrests by Hahnemann and his drug-proving pioneers. Like *arnica*, *hamamelis*, *ruta* and others, it has, in a marked degree:

Bruised soreness of affected parts. (*Arnica*, bapt., ham.)

Lameness as if sprained, of parts affected. (*Rhus*.)

Blueness and soreness of boils on nape. (*Arn*.)

Sprains of joints with great soreness, sensitive to the touch, ecchymosis and swelling. (*Ledum*.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (*helon. ls.*, *san.*), when *arnica* fails to relieve.

For the traumatism after labor, when *arnica*, though apparently well selected, fails to relieve the intolerable sensitiveness to touch.

Bruised pelvic nerves; inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated.

Phytolacca.

The advantages of *phytolacca* in various conditions are enumerated by Shoemaker,⁴⁰ and he names the preferable preparations, the fluid extract and tincture, the dose of which ranges from 5 minims to a fluid dram. It is very depressing if given in too large dose, and it is an undesirable remedy as an emetic. Its effects are of value as an alterative in certain constitutional maladies. It has a use in puerperal mastitis, and engorgement and inflammation of the lymphatic glands, in seborrhea, violent inflammation, acute eczema and tonsillitis, and has a field of usefulness in syphilis. It has also been of value in chronic rheumatism, and some physicians recommend it in cases of inoperative cancer as retarding the growth. He thinks the profession generally should give the remedy a more careful study than it has perhaps received.

CURRENT COMMENT

By **SHELDON LEAVITT, M. D.,**
Prof. Gynecology Chicago Hom. Med. Col.

Painful Points in Cholelithiasis.

In the Munch. med. Woch., April, 1902, Boas calls attention to distinct sensitiveness at three points which he regards as of particular value in the diagnosis of cholelithiasis. These are, (1) the hepatic free border in the gall-bladder region, (2) the subcostal part of the liver, and (3) the lumbo-dorsal region.

The entire free border of the liver may be sensitive, but he looks more particularly for pain at the site of the gall-bladder. The sensitiveness is more circumscribed in the intervals between exacerbations.

During acute attacks the whole subcostal region is also more likely to be painful to touch.

The dorsal tenderness is at the dorso-lumbar junction, and may extend to the axillary line. Sensitiveness on both sides of the spine, or sensitiveness higher or lower than the region indicated, is not indicative of the cholelithiasis.

He suggests the use of electricity for the purpose of eliciting sensitiveness in doubtful cases.

These are all valuable clinical symptoms and are so put as easily to be borne in mind. They may be usefully associated with the three sensitive points so diagnostic of intercostal neuralgia, viz., inframammary, subaxillary, and subscapular.

Interstate Reciprocity and Comity.

All methods of attacking the question of licensure by general or national examining boards will inevitably fail, because they are not feasible, against the instituted methods of progress, and beset with danger. We must, therefore, fall back upon the good old Anglo-Saxon plan of adapting the present machinery to changing conditions and future needs. . . . To modify, extend, and perfect the method of State licensure remains the only certain plan for us to pursue, and it is the wise one. Surely we, as a profession, and our representatives, the State boards of examiners, are and need not be so narrow and exclusive as to deny the rights to practice within each State of reputable physicians from another State. So far as keeping out the disreputables, or limiting self-advertisers and quacks, the individual State boards can devise rules which will effect this without subjecting the honorable and capable man from the other State to a cruel and foolish re-examination. There is a great advantage of protection in this multiplicity of State examining boards; if anyone abuses the privilege, or fails in its standards, the reciprocating States have a

remedy in their own hands. With proper certificates and testimonials from the State whence he comes, and also from that whereto he moves, the unnecessary and bigoted re-examination may be done away with. Let a large spirit of good-will and professional benevolence be extended by each State to the honorable and capable newcomer. Such a spirit is perfectly consistent with scrutiny and denial of the unworthy.—*American Medicine*, May, 1902.

Legislation with respect to the regulation of medical practice is passing through a chaotic state, wherein the old question of State rights is playing an important rôle.

There is great need of a liberality of sentiment among the examining boards of the various States, and a practical uniformity of laws, in order to avoid glaring injustice. It often happens that a competent practitioner wishes to change his field of practice from one State to another, for perfectly commendable reasons, and, under rational restrictions, he ought to be allowed to do so without being subjected to an examination before a board the object of whose creation was not so much to determine the qualifications of fellow practitioners as to stand as a bar to the foisting of unqualified graduates in medicine upon the credulities of the public. Accordingly it is manifestly unfair to deprive a qualified and licensed practitioner of his standing before the public merely because he finds it advisable for health of body or peace of mind to change his location. It is well known that much scientific knowledge is developmental in nature, and is mainly useful to the physician and surgeon as a basis upon which to found practical conclusions and concrete action. The recent graduate comes before the board with all this freshly in mind, having gone but a little way beyond it, and should be expected to pass creditable examination on it; but not so with the practitioner whose mind has long been charged with the details of actual experience. These facts, I believe, ought to be recognized and constitute a reasonable demand for interstate reciprocity and professional comity.

Another conflicting condition is found in consultations between physicians in different States, and the temporary occupancy by a physician of territory not covered by his State license, as in consultations and summer residences. It is plain

that the exigencies of medical and surgical practice, as well as the interests of the general public, demand an elasticity of regulation which shall cover such contingencies.

Consultations by Telephone.

The three factors, as we understand it, that enter into the problem of the physician's remuneration, are: (1) The special skill and knowledge brought to bear; (2) the responsibility involved; and (3) the time and labor involved in bringing the two former into action. Now, the first two are constant factors, more or less, so far as the when, how, and where are concerned. It is on the last only that any modification of the fee must depend. That being so, a telephone consultation is obviously an office consultation, and if the responsibility is to some slight extent increased by giving an opinion in absentia, the benefit derived is doubtless so much the less from the lack of that personal confidence-inspiring influence that always accompanies the presence of the trusted medical adviser. On that point, therefore, physician and patient may do well to cry quits.—New York Medical Journal.

When the telephone first came into common use, a prominent practitioner (now dead) noted for a conservatism which, all his life, handicapped some well-directed efforts calculated to bring success, said to me one day that he had discontinued his telephone service because he found that he was being beaten out of many consultations fees by his clients. He suffered the inconvenience of his action for a year or two and then capitulated. There is a prominent homeopathic physician in our city, doing a large practice, who has had no telephone for years. Whether he was influenced to such a course by the spirit which animated my other *confrère*, I cannot say; but I am at a loss to know how he can carry on a successful business without the aid conferred by this instrument.

If you were to call up a lawyer on the 'phone for an opinion on a business matter, you would expect him to present a bill for the service; and he would be reckoned an inexact business man should he fail to do so.

There is no reason why a physician should not charge for a telephonic consultation. I always do; and I have yet to learn of a single complaint of the practice. On my books I enter it as "T. C."

Concerning Hydrocele.

The question of carbolic-acid injections for the cure of hydrocele was recently brought up by Dr. R. L. Rigdon at a local meeting in San Francisco and warmly discussed.

Dr. Rigdon minimizes the dangers of carbolic-acid poisoning, expressing an opinion that the few fatal cases attributed to it would not bear close scrutiny.

"During the past ten years," he says, "I have used carbolic acid exclusively, with very gratifying results, except in one case. . . In one debilitated patient the scrotum became considerably enlarged following the operation, but the symptoms quickly subsided under hot applications. The injections have been made at my office or at the clinic, the patients returning at once to their homes either by car or on foot."

Personally I am not in sympathy with the practice of doing office operations. Anything worth doing at all is worth doing well, is worth doing in a workmanlike manner, and should be done under favorable environment. The practice of making light of serious procedures is to be deprecated.

As to the method employed by Dr. Rigdon, I believe it capable, in proper hands, of working a safe and speedy cure. That it is to be preferred above all others is a question for an operator to decide for himself. There are five methods of treatment: (1) acupuncture, for the infantile type; (2) tapping and injecting with iodine, carbolic acid, etc.; (3) antiseptic incision; (4) incision, with partial excision of the sac; (5) incision with eversion of tunica vaginalis. Horwitz recently gave a summary of 338 operations without a death.

The eversion method is interesting. An incision is made down to the tunica vaginalis, into the upper portion of which, near the cord, an incision is made just large enough to allow of exit of the testicle. The fluid is allowed to escape and the testicle is delivered. The tunica vaginalis is then turned out, or everted, through this opening. At the upper part the everted tunica is then sutured by fine catgut to the fascia of the cord so as to prevent inversion, possibly including with it, in the movement, the testicle. A stitch is also placed at the lower end, for the same purpose. The whole mass is then covered by the scrotal sac and the wound is closed by a few stitches of formaldehyde catgut.

Carbolic Acid as a Germicide.

"Given three facts—first, that infective diseases are dependent upon pathogenic germs; second, that ninety-five per cent. carbolic acid is an infallible germicide; and, third, that ninety-five per cent. alcohol is a perfect antidote for carbolic acid—we have three propositions

which, followed to their natural conclusions, lead us to the unassailable position that in carbolic acid properly used we have an absolutely safe and sure remedy for every single disease of microbic origin."

The foregoing is from an article by Dr. Seneca D. Powell in the April issue of the *American Journal of Surgery and Gynecology*.

There is an evident disposition in many of our best surgeons to revert to carbolic acid as a disinfectant wherever they can consistently do so. It was this acid that gave the first impulse to antiseptic surgery, and for certain features of disinfection we have never found anything capable of satisfactorily taking its place. There is no doubt in my mind that its toxic properties have been over-estimated.

Dr. Powell mentions the remarkable control which it gives us over erysipelas, the verity of which I have demonstrated to my own satisfaction. The patient should be in a recumbent position, so that the acid will not run when applied. The erysipelatous surface is to be taken up in sections, and the ninety-five per cent. acid applied to it by means of a cotton swab. As soon as the surface turns white it is to be swabbed over with ninety-five per cent. alcohol. Every affected part is to receive this kind of treatment. Of course applications about the eyes must be made with extreme care. In applying the alcohol to a section, parts not yet treated to the acid should not be wet, as the alcohol will prevent proper action of the acid.

By means of local treatment of this kind, together with the consentaneous administration of the indicated homeopathic remedy by the mouth (or preferably, as I believe, by hypodermic injection, erysipelas is wholly robbed of its terrors.

Medical Politics.

Office-seekers Ineligible for Office.—Such is the determination that has been formed in the minds of those who are shaping the future of the American medical profession. This spirit has even been formulated into a command by the Kentucky State Medical Association, which, on May 9, adopted the constitution and by-laws as recommended by the American Medical Association. In this document there is a clause as to the election of officers which provides that if it is known that any person presenting himself as a candidate for office thereby becomes ineligible. Such an office-hunter at the meeting of a large national organization, recently held, was told that seeking the place is now the most certain

method of not getting it. At the meeting of the American Medical Association the placing of power in the hands of the House of Delegates has served to bring into effective action the resolve that office-seeking will disbar the very consideration of claims. There is nothing more encouraging than this spontaneous resolve on the part of the better men of the profession to have done with the medical politician and office-seeker.—*American Medicine*.

I voice no original thought in saying that too much politics has crept into our societies. Trite sayings are more likely to be true. This has become a very familiar *on dit* among those who attend society meetings.

Those who foster medical politics say that it adds zest to the meetings and draws out a crowd. I confess my incredulity. The average man—the average doctor—is not a politician, and becomes easily disgusted with political ways and means. Besides, the average doctor goes to a medical meeting to whet his professional acumen. He may be out of conceit with his own speaking and writing abilities, and is very willing to sit and drink in the experience of others. Or he may be able to express sundry convictions as well as the rest. In any event he seeks to give and take medical and surgical knowledge, and it is such a purpose that brings him. But he is not long there before he learns that the burning topic is the approaching election, and he is buttonholed at every turn by the friends of the various candidates for what offices, think you? For the offices of President and Secretary. Why? Because they carry with them a certain degree of distinction and power.

A wise policy usually sets the election moderately late in the session, as it has been found that the members begin to scatter immediately thereafter, just as they do at a political convention.

Now, in the interest of our meetings, and in the interest of our school of medicine, I do not hesitate to say that this is all wrong. Men ought to be chosen to fill the places of honor because of their position in the school, and because of the service that they have rendered homeopathy rather than because of the political support they have given candidates set up by "the machine." The office should seek the man rather than the man the office. Indeed, the knowledge that a man is an office-seeker ought to disbar him from what he seeks.

When there is less office-seeking and more earnest knowledge-seeking at our medical gatherings we shall find them better attended.

Some Practical Observations on the Strength of Medicines.

BY W. A. DEWEY, M. D.,

Ann Arbor, Mich.

This is practically my first offense of writing on the question of potency. I did once read a paper before a local society on the question, which was never published, and therefore I feel at liberty to include in the present paper some of the points of that one. I wish to state at the offset that I am not a high-potency man, a low-potency man, or a no-potency man, but I am one of the class that believes in and uses all potencies. The subject of potency is one that is generally tabooed by our societies as provocative of perhaps too acrimonious discussion; it has been presented to our societies in all its phases, some advocating the high, some the low, and some that secure middle ground between the two, while a few have arrived at a solution of the question, namely, by individualizing in potency with as much care as is done in the selection of the remedy.

The question of dose is certainly one of the most serious points of our therapeutics. After the recognition of the disease comes the choice of remedy, but after the choice of the remedy comes the choice of the dose. The dogma of individualization extends as much to the dose as it does to the choice of the remedy.

My object in presenting this paper is not to go into the subject of potencies exhaustively, but simply to give a few points that partake wholly of personal experience and observation during nearly a quarter of a century's work in the medical field. I believe that by comparing our experiences we can derive much value, and perhaps secure better results in our treatment of disease. There reigns relative to dose in our school an incertitude amounting to almost anarchy; if some light can be thrown on the question by our discussion and some accumulated evidence can be obtained some good will be accomplished.

The allopathic school have what is called a system of dosage, that is, each remedy has indicated for it a minimum and a maximum dose, and the range between these is very extensive, so much so that practically this school is as much at sea, as far as absolute dosage goes, as we are.

We often hear it stated that dose has nothing to do with homeopathy, that if a cure is wrought

it is a homeopathic one, no matter what the dose. I am not prepared to accept this as a correct statement, for I believe that Nature does some curing, and that some cases recover in spite of the homeopathic medication; I further believe that cases are spoiled by giving the wrong homeopathic medicine, and I mean by this that recovery is retarded thereby, and that the same occurs when an unsuitable potency is given.

What the suitable potency is, is the question to be decided. It can only be answered by experience and experiment, and it will be a long time before it can be determined with scientific accuracy.

Again we hear it said that certain drugs act better in certain potencies, some in the higher and some in the lower. This in a measure is a correct statement, but it is by no means absolute. There is one point of which I am certain, namely, that any remedy, no matter what it is, must be given in a subphysiological dose in order to effect the best homeopathic cure. It must be given in a less dose than was used to prove it upon the healthy. In other words, I believe that if a remedy was proved in the third potency and its pathogenesis is wholly obtained from that potency it should be given in potencies higher than the third, in order to get its best homeopathic action in disease. I do not mean by this that lower potencies will not act, or that cures will not be made by the lower ones, but that better results and quicker cures will be had from those potencies which are higher.

In passing, I would say that when high potencies are mentioned in this essay, I do not mean the potencies of Swan, Jenichen, Fincke, and other makers who follow simply a bottle-washing process, but the genuine Hahnemannian potencies, not going perhaps above the 200th or the 1000th. The former are not what they are claimed to be, often in fact being lower than the 12th Hahnemannian potency, though labeled way up in the millions. Hahnemann used the 30th, and never went higher except for experimental purposes. Much injury may result from these chimerical potencies which are not what they represent. On the other hand I also believe that perhaps as great an injury has been done to homeopathy by giving our remedies in doses that are sometimes fully as strong and in some instances stronger than the regular allopathic dose would be. It is the dynamic effect that the homeopathic physician should seek, not the materialistic one, yet it should be remembered that dynamics mean power and that matter is force.

Permit me to now specialize a few remedies.

Pulsatilla.—This is a remedy that was proven especially in the lower potencies, and most of its symptomatology is derived from the administration of the drug in strengths above the tincture. It has been my experience with this remedy that

it acts best in the 6th potency and upwards. I have yet to see the decided action of *pulsatilla* in the tincture and lower potencies that I have seen in the higher. Dr. Jousset, in his "Practice of Medicine," recommends this remedy in the tincture in some catarrhal conditions and in the 6th and 30th in others; for instance, he recommends it low in coryza and in the 6th in measles, in the tincture in gonorrhea and in the 6th in leucorrhœa. In chlorosis the 6th seems the most effective.

Chamomilla.—The above remarks apply equally well to *chamomilla*. I have often heard physicians remark that they seldom if ever prescribed *chamomilla*, that it had never come up to their expectations, and that *ferrum phosphoricum* was nearly always substituted therefor. If these same physicians would use *chamomilla* in the 12th potency, or at least not lower than the 6th, their respect for it would return. Dr. Bayes and Madden of England used this potency, and Jousset does not mention its use in strengths below the third.

Gelsemium.—This is a remedy that I formerly used in the lowest potencies, and in California, where I practiced for a number of years, it was seldom, owing to climatic conditions, that aconite was indicated. *Gelsemium* was our aconite. I have seen excellent results from *gelsemium* in the tincture and extreme low potencies that I have never been able to obtain in the higher, and I have tried it quite faithfully in the higher potencies. In paralytic conditions, however, it seems as if it ought to act best in the higher potencies, but I have not seen evidence of it. In nervous headache and migraine there is no better potency than the 30th C.

Aconite.—That there are certain conditions where a remedy may act well in low potencies, yet in other conditions it acts better when given high, I am fully aware, and this might be illustrated with aconite. In very acute affections the remedy should be given as low as the third. In neuralgias, however, I have found aconite 30th a very satisfying potency. This condition obtains with every remedy. It has been said the healthier an organism is the lower a medicine it takes to disarrange it, but when the system is already disarranged and the more it is disarranged the higher the potency necessary to form an impression; this being true, and the aconite condition being a rugged one, it would seem that aconite high would be the logical strength. It has always been my experience that it does act better in potencies above those that would produce physiological effects.

Bryonia.—This is a remedy that I use almost exclusively in the 3d potency. Formerly I gave it in the tincture and first dilution, but I have never had the prompt results in the lower dilutions that I have had in the third. Another thing that I have observed about *bryonia* is that it should not be repeated too often. I believe it a mistake to give *bryonia* every half hour or

every hour; better effects will be had if the remedy be given every three or four hours, even in the most acute cases. In rheumatic affections only might *bryonia* be used lower, though even here Dr. Hayes recommends the 18th dilution. Dr. Dahlke of Berlin asserts the higher potencies will do all that can be expected of the remedy.

Graphites.—This remedy in gastric complaints I have found most active in the 12th potency; this is the one recommended by Dr. Jousset, from whom I got the idea, and I have found it to work well in this strength.

Nux Vomica.—This is another remedy Dr. Jousset recommends in the 12th potency in gastric disorders, especially when accompanied by constipation, and this too I have verified. I have seen *nux vomica* 200 cure constipation when the lower potencies, 3d, 12th, and 30 have failed. I am positive that we have no better potency than the 200th in a genuine *nux vomica* constipation.

Anacardium.—This remedy is similar to *nux* in many ways, and in my hands it has been practically useless in potencies lower than the 12th, and I have heard this fact emphasized by a number of physicians. In mental troubles some authorities speak favorably of the lower potencies.

Cannabis Sativa.—In the treatment of gonorrhea I have never had such gratifying results from *cannabis sativa* in the tincture as I have had from the 3d potency. In an extensive practice in this affection I formerly gave 10-drop doses of the tincture, but soon found that a less dose was more efficacious, and have been led to believe that those who have had no results or unsatisfactory ones with *cannabis sativa* have given it too low.

Coffea.—The 30th potency of this remedy in sleeplessness according to my experience is the only potency to give; by this I mean that I have never been able to get satisfactory results with the lower potencies. This may be due to the fact that inasmuch as coffee is an almost universal beverage, high potencies act better.

Digitalis.—This is a remedy that I never give in any other potency than the 3d. If it be indicated homeopathically by its slow pulse, its sinking at the epigastrium, and its other well known symptoms, it will act well in this strength. I do not give it for a rapid pulse homeopathically, for it is never indicated.

Conium.—If I am positive of any one thing in medicine it is the power of *conium* 30th to cure certain lumps in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the *mammæ* disappear by the use of *conium* in this potency. Of course the indications must present themselves here, as with any other remedy; there are piercing pains, a tender gland with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from some injury, as a blow. I do

not know but other potencies would do the same, but I am sure of the 30th, and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long, or if the case is one too advanced, time may be lost to the detriment of the patient; of this I am aware, but in most cases in the early stage of mammary tumors the waiting of a few weeks will not injure if the case be watched. It is in the formative stage of these neoplasms that the remedy will act by checking the development of the growth.

Arsenicum.—This is a remedy said to bear potentiation better than any other in the materia medica, and I believe that it is the universal testimony that the 3d centesimal potency is as low as it should be used. I think one can tie to this potency with considerable security. In intermittents, however, and in neuralgias, the higher potencies act better, and apparently it matters not how high one goes.

Sanguinaria.—In headache this remedy has served me best in the tincture, but some authorities prefer the 6th. In rheumatism the higher potencies have proved more satisfactory to me.

Lycopodium.—This remedy is usually advised in the high potencies along with other so-called inert drugs, and it is in the higher potencies that it will work in the majority of cases, yet I have seen lycopodium in the tincture do most satisfactory work in the so-called uric-acid diathesis in clearing up the red sand deposit in the urine when potencies had failed. The homeopathicity of this is apparent.

Veratrum viride.—This I have never used in any strength but the tincture. I would like to hear of its use in other potencies, but so few cases correspond to it homeopathically that I have had little opportunity to test it.

Kali Muriaticum.—One of the positive things in medicine is the power of kali muriaticum to cure the ordinary follicular sore throat that occurs in children as a result of dietary indiscretion. I have so often verified this that I am sure of its action. I use the 6th, having tried the 3d and the 12th with less satisfactory results. The white coated tongue should be present.

Capsicum.—Is a remedy that will be found useful in the third potency in dysentery and ear troubles, but in the gastric troubles from alcoholic excesses give the tincture.

Veratrum Album.—This is a remedy that I am actually afraid of in potencies below the 6th in diarrheas; not that it does not work, for it does work, and that too promptly. I have seen patients with choleraic diarrhea die from the too sudden stoppage of the discharge from *Veratrum* lx. The higher potencies act less promptly and with less danger.

Psorinum.—The efficacy of high potencies, the 30th or the 200th, preferably the latter, may be well tested by psorinum. It is a wonderful remedy and one not to be despised when well chosen.

Ignatia.—Perhaps more failures are made with this remedy because of the use of lower potencies than any other. The higher potencies act best.

Phosphoric Acid.—In the 12th potency I have seen it check the night sweats of phthisis, giving the patient increased strength during the action of the remedy.

Carbo Vegetabilis.—Is most always recommended and used in the higher potencies, but the 6th will act well in indigestion with acid or acid eructations and the other symptoms of the remedy present.

Cinchona.—There is no doubt but that too many physicians err in giving cinchona too low in symptomatic anæmia. This was well pointed out by Dr. George Royal. He advocates the 30th, and I have seen it work well.

Belladonna.—While the medium potencies of this remedy are to be preferred in most cases, in all hyperæsthetic conditions of the brain, with intensified and violent symptoms, the higher potencies should be given.

It would perhaps be possible to extend this paper to an unlimited extent by calling up other remedies; it has perhaps become tiresome already. There is one point, however, that I wish to mention; it is this:

Students oftentimes become possessed of the idea that the stronger the dose the quicker the cure. I recall my student days and the wonder and admiration Dr. Austin Flint excited when he wrote one of his interminable prescriptions upon the blackboard; the longer and stronger they were the more the applause. An error in those who are beginning to practice homeopathy is that medicine must have a taste and color to satisfy the patient. This has worked great injury to the cause of homeopathy, for the allopaths have accused us of giving stronger doses than they do. It has ever been an endeavor of the allopathic school to disguise and render pleasant their doses, yet there are homeopaths who habitually give bryonia, nux vomica, and colocynth in the bitterest of doses, the acids so that they burn, iodine and cinchona in the darkest of liquids, even using coloring matters simply to satisfy their patients, when better results would be obtained and the patient would be as well satisfied by the tasteless preparations.

Finally, it has ever been my opinion that the adoption of the decimal scale as a dispensing one has been a mistake and has worked injury to the cause of homeopathy, by furnishing preparations that oftentimes too nearly approach in fact and in application those of allopathy. I am aware that finer and better division is obtained, but this could be obtained by changing the mode of procedure in making the centesimal potencies.

We should never lose sight of that fundamental principle of homeopathy, namely, to give the least possible amount of medicine that will cure.

On the Physiological Action and Therapeutic Use of Mercury and Its Salts.

BY ALFRED C. POPE, M. D.

(Continued from page 238.)

More striking than its interference with muscular health is the destructive power of mercury upon bone. Keller (*op. cit.*) describes as among its effects upon the health of workers with it, "swelling of the bones, most frequently of the tibia, more rarely of the upper arm and head. These tophi with swelling and sensitiveness of the periosteum, cause severe pains to the laborer at night and in bed, during damp weather, thunder storms, and at the first fall of snow." "At Idria," he elsewhere remarks, "we meet with all syphilitic bone diseases in persons who never had syphilis." Dr. Gobey, who practiced among the Idrian miners for eighteen years, says, in his work on the action of mercury, that the characteristic night pains, the periostitis and endostitis, show themselves thus: at sunset the pains begin and increase in intensity up to midnight, then gradually decrease in severity toward morning; only rarely is the pain felt during the daytime. It is chiefly boring and gnawing in character. Where chronic periostitis is present, we find a more or less firm, often elastic, swelling, firmly adhering to the bones of various size, mostly longitudinal and sharply limited.

Caries, also, is a product of mercurialism. The drug especially attacks the nasal and palatine bones of the forehead, the cranium, tendons, bones, and finally the joints.

In periostitis and caries, then, mercury is homeopathic. But before prescribing it we must make ourselves perfectly sure that mercury is not the cause of the osseous inflammation or decay. When periostitis is idiopathic, when simply the *locus* of some rheumatic malaria, where (which is rarely the case if mercury has not been prescribed) it is a development of syphilis, the iodide of mercury will be found exceedingly useful, pains.

In inflammation of the cartilages of joints mercury has proved of great service. Of this, the following case recorded by the late Dr. Newton (*Hom. Review*), is a good illustration:

A. B., a farm laborer in the fens of Cambridge-shire, aged twenty-eight, came to me (June 5) complaining of rheumatism in the wrist. The pain was much worse at night, was aggravated by the least motion of the joint, and extended to the elbow. The forearm was cedematous and hot. The fingers looked long and tapered to a point. The wrist was swollen, hot, and slightly red. On manipulating the joint the man complained bitterly of the pain, and I could detect an obscure crepitation. He attributed the attack to cold and damp to which he had been exposed ten days ago. He had, however, had pain in the joint at times for some weeks. The actual cau-

tery was at once suggested to my mind as the one remedy, but A. B. refused to have it used. I put the hand and forearm on a splint and gave him merc. corrosivus 3x. gr. 1, to be taken in water every second hour.

6th. A. B. had had a little sleep, for which he was grateful, as he said he had not slept a wink before for ten days.—Rept. Med.

7th. There is decidedly an improvement in the condition of the wrist. He is to take the medicine once in three hours.

10th. A. B. came in great glee to show his wrists, and said: "Those sugar powders give the lie to all the old women and doctors who say there is no cure for rheumatiz except six weeks." I removed the splints at his urgent request and applied an elastic bandage over the joint, continuing the medicine three times a day.

14th. All pain and tenderness had gone and I could detect nothing abnormal in the joint. It was not increased in size, firm pressure did not elicit any token of pain, and my patient told me that he was going to field work next day.

I well remember the fact—though the details, I regret, are lost—of the rapid recovery of two or three well-marked cases of cartilage ulceration, making a great impression upon my mind, when at the Manchester Homeopathic Hospital in 1852. In these cases the iodide of mercury was given.

Upon the bladder, urethra, and testicles the action of mercury is somewhat less conspicuously manifested in cases of poisoning and in provings than might have been expected. In the silvering trades the only mention of its influence on the sexual functions that I have met with is one by Dr. Gueneau de Mussy (*Gaz. des Hopitaux*). In this instance two years' occupation in this trade was followed by loss of all sexual power.

Provings of corrosive sublimate have elicited symptoms showing considerable urethral irritation, such as burning and sticking pains in the course of the urethra. In Dr. Buchner's proving upon himself he describes an urging to urinate felt in the urethra, with scanty emission; afterward no inclination, though the bladder was full, while after evacuation a sense of distention remained. Cinnabar, Hahnemann says, renders "the penis swollen" (*Mat. Med. Pura*, vol. ii., English edition). *M. solubilis* gave rise to "a painless blennorrhœa, especially at night" (*op. cit.*). *M. corrosivus*, also, in Hahnemann's proving, excited "a urethral blennorrhœa, at first thin, then thick; finally with smarting pain on urinating and stitches through the urethra" (*op. cit.*). Hahnemann also cites a case from Hufeland's Journal, where the same mercurial produced "inflammation of the orifice of the urethra and urethral blennorrhœa."

Mercury, then, has been proved to give rise to a distinct urethral irritation with purulent discharge; and in so doing corrosive sublimate is the most active of its salts. Hence, it may well be—as it is—relied on in treating the early stage of gonorrhœa. "At this period it is," writes Dr.

Yeldham, "one of the best remedies." He adds, "aconite and mercurius corrosivus will seldom fail to subdue the more violent symptoms." Kafka, Baehr, Attonmyr, and other German physicians prefer the *m. solubilis* here. In orchitis the biniodide is sometimes useful, and in balanitis, cinnabar.

Sudden and profuse menorrhagia has resulted from exposure to the mercurial vapor; in other cases irregular and too copious menstruation have proceeded from the same cause. Vaginitis proceeding to sloughing has been caused by *m. corrosivus*, not only when used by syringing for antiseptic purposes, but when taken in by the mouth.

M. solubilis, too, has rendered the vagina raw and sore, and has excited a corrosive purulent leucorrhœa. It also has occasioned menorrhagia. Dr Dyce Brown, writing of mercury as a uterine medicine, says that it is not so frequently called for as are some others. He divides the cases in which it is needed into the four following classes:

"1. Those cases of endocervicitis where the ulceration is of an unhealthy or sloughy type, and where vaginal catarrh, with thick, yellow leucorrhœa, is present to a marked degree.

"2. Cases that commenced with gonorrhea, the inflammation having extended to the uterus.

"3. In cases of undoubted syphilitic ulceration, or where we have reason to suspect a syphilitic taint, congenital or otherwise, in the patient.

"4. Where the collateral symptoms are those calling for mercury. These are a tongue thickly covered with a yellow-white coat; bitter taste in the mouth; offensive breath; abnormal flow of saliva; loss of appetite; decided congestion of the liver, or a sluggish action of it, as shown by a yellow skin or conjunctiva; uneasiness or dragging in the hepatic region; bowels either costive, or loose with pale or slimy stools; still more, if diarrhea or offensive motions of the dysenteric type are present; heavy, stupid headache, lassitude, low spirits, and tendency to chronic catarrh of the mucous membranes." (Trans. Inter. Hom. Med. Convent.,).

It is, in short, when uterine disease exists as a part of the general impairment of health induced by an inactive liver, and in cases originating in syphilis, that mercury is remedial; the best preparation then is the *m. corrosivus*.

Finally, I come to the consideration of mercury as an anti-syphilitic. The similarity between the symptoms produced by mercury as a poison and by syphilis as a disease appear to me to be very striking. Such a similarity has long been recognized, and has often been referred to with some degree of surprise. Dr. Percy Wilde communicated the following interesting note to the Homeopathic Review, showing the early period at which the likeness between mercurialism and syphilis had been observed:

"In the reign of James I." he writes, "when the then Countess of Somerset contrived the

murder of Sir Thomas Overbury, she sent him presents of poisoned food. The poison chiefly employed was the bichloride of mercury, which was then known as the sublimate of mercury. In "The History of Crime," chap. vii., p. 147, we read, "the crafty apothecary whom they employed was aware that the preparation would produce symptoms undistinguishable from those of a loathsome disease. It thus appeared possible to disgrace Overbury in the very process of killing him, and to increase his malady under the pretense of endeavoring to alleviate his sufferings."

Lanceraux writes as follows:

"Mercurial poisoning, whatever may be the mode of penetration of the chemical agent, sometimes produces symptoms which are not without analogy to those of secondary syphilis; cutaneous eruptions, ulcerations of the mouth, tongue, or pharynx, necrosis of the maxillary bones, tremblings and diarrhea." ("Treat. on Syphilis," Syd. Soc. Ed.)

Dr. Gobey, who made a series of researches into the action of mercury among the miners at Idria, says:

"At Idria we meet with all varieties of syphilitic bone disease in persons who have never had syphilis."

Sir James Paget, when giving evidence before the Admiralty Commission, in 1865, said:

"Mercury had in some instances produced bone disease very much like syphilitic disease, in persons who had not had syphilis."—(Dr. C. Drysdale, "On Syphilis," etc.).

On the other hand, Mr. Berkeley Hill states, categorically, that "Mercury cannot excite any affection that syphilis evokes." In support of this opinion he quotes Kussmaul, and asserts, that "his examination shows clearly that mercurial poison produces no single affection or symptom that is identical with, or not easily distinguished from, those belonging to syphilis." In the next sentence he states that, according to the same authority, "syphilis in persons exposed to mercury by the practice of their trade, is not altered in its aspect." A few lines further on, in the same chapter, he writes, "Kussmaul could not find an instance of a worker in mercury contracting syphilis while affected by the drug." How Mr. Hill reconciles these last two quotations, I do not pretend to say. As a matter of fact, however, Kussmaul's observations record a number of symptoms arising from exposure to mercurial influence which do, most closely, resemble those due to syphilis.

In the earlier stages of soft chancre or venereal ulcer and of indurated or syphilitic chancre followed by constitutional syphilis, the febrile disturbance closely resembles the mercurial fever. The soft chancre is precisely like that produced by mercury, while the true syphilitic sore is only less like the mercurial ulcer from the fact of its edges being indurated. "Halford mentions that quicksilver produces ulceration on the genitals

of workmen handling this metal, and Heyfelder observed mercurial ulcers on the *labia minora* of women in looking-glass factories." (Huber.) Following the indurated chancre, we find enlargement of the glands of the groin; and, on the other hand, the tendency of mercury to irritate and inflame the glandular structures is well known. The inflammation and ulceration of the throat in secondary syphilis exactly correspond to the changes wrought by mercury in that part. The syphilitic eruption also is of the same type as that produced by mercury. Keller, Hermann, and Halfort observed a mercurial eruption in workers with mercury. In a case of accidental poisoning with corrosive sublimate, where the dose was about three-quarters of a grain, an eruption of pale red, seemingly elevated, round, but not sharply defined, spots, disappearing under the pressure of the finger, occurred; they were itching and confluent in places like roseola, remaining six days and then going off. The evidence of the similarity between the bone diseases produced by mercury and those arising from syphilis is ample, and has been already pointed out. Yet more, the influence of mercury taken by a pregnant woman upon her fetus is like that of syphilis. Sir Duncan Gibb records (*Lancet*) a case where, to procure abortion when three months pregnant, a woman took two teaspoonfuls and a half of quicksilver. Abortion did not follow, but the child was born with snuffles, "no doubt," as Sir Duncan says, "from the constitutional effects of mercury." Amongst the miners and workers in mercury, children born of mercurialized parents present, in a very large proportion of instances, features of disease exactly corresponding to those exhibited by the offspring of syphilitic parents.

Thus, in every particular, save in the shape and quality of the initial ulcer, we have in mercury a perfect *simile* of syphilis. For centuries mercury has been given to cure syphilis. But having been prescribed as an evacuant rather than a specific, the relation subsisting between its pathogenetic properties and the pathological state it was given to cure not having been recognized, the consequences have been disastrous in the extreme. Instead of syphilis being cured, mercurialism was induced. The very medicine which in a small dose would have cured, being given in huge quantities did but aggravate, intensify, and perpetuate. Of late years, the doctrine taught by Hahnemann, some years before the grand therapeutic conception which will be for ever associated with his name, had taken root in his mind, the doctrine taught by him in 1784 that salivation was not only unnecessary for the cure of syphilis, but injurious to the patient, has received the stamp of modern authority. Mr. Jonathan Hutchinson, for example, says in one of his lectures, "that pyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided."

How, then, is it to be prescribed? The views expressed by Dr. Yeldham, whose long and large experience in the treatment of this disease render him an authority of considerable weight, entirely coincide with my own. "The dose," he says, "which I commonly employ, and which I have found very effectual, is 1 or 2 grains of the first or from 5 to 10 grains of the second decimal trituration of *mercurius solubilis*, repeated three times a day. I sometimes commence with the former and continue it for a week or until amendment sets in, and then replace it by the second dilution. More commonly, I give the latter only and resort to the first chiefly in cases of obstinate indurated chancre." ("Homeopathy in Venereal Diseases.") Referring to the iodides of mercury, Dr. Yeldham says that they "may be advantageously given to scrofulous patients, and in cases where the primary sore and secondary symptoms co-exist. But, on the whole, I conceive the iodides to be best suited to secondary and tertiary syphilis."

The dose in which mercury may be administered, with the maximum of advantage, has been sufficiently noted when considering the various forms of disease in which it is commonly indicated, to render any more precise statement regarding it unnecessary here. Regard, however, must in each instance be had to the degree of susceptibility to its influence presented by the patient, and especially so in cases where its full pathogenetic influence has been previously developed.

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*Where Shall we Begin Teaching the Homeopathic Materia Medica, What Shall we Teach, and Where Shall we Stop?**

BY S. H. AURAND, M. D.,

Chicago, Ill.

First, Where Shall We Begin?—The beginning of any project or undertaking, it seems to me, deserves, according to its importance, serious consideration. For upon the beginning, many times, depends the success or failure of the work.

I am persuaded to think that Samuel Hahnemann, in promulgating and developing the homeopathic law, fully believed that it was just what it has proved to be, viz., a natural law containing its own truth, and therefore its own limitation. All specific truth must remain within the bounds of its own specific law. Truth may be stretched or warped or attenuated to that degree where it becomes an unreliable truth or an absolute falsehood. Ice may be attenuated into water and water into steam, but each one of these will have wrapped up within itself its own specific power, truth, and law.

Is the homeopathic materia medica based upon a scientific law? Does it contain its own specific

* Read at A. I. H., Cleveland, 1902.

truth? Has it limitations, as all law and truth must have to make them law and truth? Or is it a peculiar sort of a hybrid, capable of being warped and dovetailed, and twisted and stretched, and expanded and distorted into all sorts of size and shape and consistency, and still retain its power to act as a specific law and its influence as a specific truth? These are questions which naturally arise in the beginning of the study of this important branch. I believe, therefore, that the first necessary step, in teaching the homeopathic materia medica, is to expound the law which governs our practice. The student should understand the true nature and scientific application of the law of *similia similibus curantur*, which means that like things are cured by like.

It seems to me that we as teachers, many times, fail to understand the real importance of this first step, and without understanding the whole scope and specific application of the law, attempt in a general way to give it to our students. The result is that they never have quite a logical understanding of the underlying principles of homeopathy. And they are therefore unable to harmonize the different phases of later instruction, which includes a mixture of symptoms with it. This difficulty with the two following insurmountable obstacles rising before them, viz., the great number of important remedies on the one hand, and the immense mass of symptoms on the other, is sufficient explanation as to why confusion reigns within the ranks of the materia medica department, and why our students and graduates are complaining of their inability to master the homeopathic materia medica, and are seeking allopathic quarters to obtain definite and limited drug knowledge. In the light of all the definitions of science given by our recognized lexicographers, and according to the generally accepted meaning of that term, we are driven to the conclusion that the homeopathic materia medica as it exists to-day is an unscientific book, composed of a large mixture of confused scientific truths. Webster says that "Science is the comprehension and understanding of truths or facts. Truth ascertained, or that which is known." He also says that "Science is knowledge duly arranged and referred to general truths and principles on which it is founded and from which it is derived: philosophical knowledge; profound knowledge; complete knowledge; true knowledge." Thomas, in his medical dictionary, says that, "Science is the knowledge of many persons methodically digested and arranged so as to become attainable by one." Now between the present arrangement of our materia medica and these definitions there seems to be a want of harmony, and if this seeming want of harmony is real it means that we do not come up to the generally recognized and accepted standard. Is our materia medica, in its present form, and as a whole, that which is known? Or is it more properly that which is conjectured? Is it comprehended and understood? Is it duly arranged

and considered as having a certain completeness? It is true that our materia medica is made up from the knowledge of many persons. But is it true that it is methodically digested and arranged so as to become attainable by one? Now in the light of the above definitions, is our materia medica a scientific possibility, or a sealed perplexity? Does it conform to or harmonize with our therapeutic law? Ask me what you will and I'll find it somewhere in some of our books on materia or general practice. Let me cite you to a few of the extremes. If you wish to replace a dislocated uterus, give a dose of *sepia* and your patient will soon feel this organ lifting itself back into normal position. If you wish to produce podalic version, give your patient a dose of *pulsatilla* and the babe *in utero* will immediately turn itself up-side-down. In another homeopathic text-book we find the following, "In continued malarial fever quinine must be given in large doses, 20 to 30 grains daily, 9 grains morning, 14 grains evening." "If you desire quinine to act promptly give 1 or 2 grains of blue mass, to carry off the unhealthy secretions." Now I do not wish it understood that I deny the possibility of the existence of some scientific fact in both of these extremes. But to the logical homeopathic student they seem more ridiculous than scientific. And unless he thoroughly understands homeopathic law they would lead to mental confusion and a loss of faith in the system.

While the homeopathic law is profoundly scientific, clean cut, and specific in its action, yet, in order to avoid confusion and misunderstanding, its application should be taught to the student in two distinctly separate classifications. I have profound faith in its accuracy and power, if properly applied, in accordance with either classification. I believe that in our study and handling of drugs, material medicine should be held distinctly separate from that which is termed its "spirit-like" force. Each is of sufficient importance to constitute a field of its own. And both are applicable in accordance with the homeopathic law. Each power, I believe, should be separately proved and the record kept distinctly apart from the other. If our law means anything, it means everything. It must be wholly right or wholly wrong. If like is cured by like, then it naturally follows that only those symptoms which are found in disease, that can be produced by a "spirit-like" force in a drug, can be cured by a same "spirit-like" force. And those which are produced by material drug are also cured by a material medication. Each power should be thoroughly tested and its limitations sharply defined. It is only by proper classification and closely defined limitation that any collection of scientific facts can constitute a scientific whole. This, too, would have a tendency to remove all of the friction which so prominently exists in our profession to-day. Separate colleges need not then be formed on

account of separate views on this point. It would also remove much of the odium which has wrought great injury to our system of medicine. And I believe would stamp our school as a more ethical and logically scientific institution.

Second, What Shall We Teach?—Which of the six hundred drugs contained in the homeopathic pharmacopœia shall we select to form the groundwork of our materia medica instruction? Is it at all important that the various medical colleges of this country are uniformly engaged in teaching the same set of drugs at the same time? Is it not true that scientific classification has been sacrificed for alphabetical convenience? Are we to understand that this great body, The American Institute of Homeopathy, recommends, as it would appear, that we begin our course of instruction with *abies canadensis* and end with *zingiber officinale*? And that we attempt to teach all that goes between? Or shall we gather the idea that the pharmacopœia is simply calculated for a reference book and not intended as a guide along this line? And that each instructor is left solely to his own judgment, or at most, each medical college to its own judgment, in the matter of deciding what remedies should be taught?

Is concentration of thought, uniformity of effort, and harmonious action worth anything in lending strength and support to an institution or system? Does it not stamp it as a complete, unified, scientific whole? And does not the lack of this tend to weaken and confuse and destroy even that science which it has obtained?

It is quite possible, but perhaps not probable, that twelve of our homeopathic medical colleges might each give a course of instruction on the homeopathic materia medica, selecting fifty drugs for the ground work of their course, and no two teach the same set of remedies. This, I understand, is an improbable extreme, but however near you may approach it, just in that proportion will you lack uniformity of purpose and concentration of effort, out of which must come an intermingling of mixed scientific truths, and as a result an inadequate or defenseless strength. Each class of medical students must necessarily be impressed with the superior healing qualities of the remedies which it has been taught, and will therefore prescribe them to their patients, talk about them in our societies, and write about them in our journals. So, in direct proportion to the inharmonious action of these various classes, will the strength of homeopathy be impaired, and the individual faith divided and weakened. A work becomes scientific not alone in proportion to the number of truths and facts which it contains, but in proportion to the proper classification and methodical arrangement of these truths and facts, so as to bring them within the possibility of attainment by those who study it. I believe our teachers are more or less unconsciously influenced by the almost universal tendency of our authors to adopt the more con-

venient alphabetical classification. They begin with A and end with Z, and throw in all they can of that which goes between. To-day, perhaps, the instruction is given upon *abrotanum*, with its disturbed digestion, great emaciation, and *marasmus*. To-morrow it may be *aconite*, with its active fever, thirst, and restlessness. The next day the windy and exhaustive diarrhea of *aloe*. And then the dropsy of *apis*, and the bruises of *arnica*, and so on down the list, and all through the college course. It is readily seen, and has been experienced by many of us, that it would require a memory with superhuman power to grasp, properly separate, and hold these facts for scientific application at the bedside. All of the knowledge imparted in this way may be and probably is of pure gold, but it is tainted nevertheless with an unscientific color, because it lacks the methodical arrangement which brings it within the possibility of complete attainment by anyone. Would it not add greatly to the practical value and the scientific influence of our pharmacopœia if the drugs were classified according to their known therapeutic value? And then set apart fifty, seventy-five or one hundred drugs, which have been most thoroughly proved and tried, and found to be of first importance to the homeopathic practitioner? Scientific research could proceed just the same; and this class of remedies revised every decade, if necessary. This would, officinally, set apart a definite work for our various medical colleges, and our students would all study the same remedies and our uniform efforts would be put forth in the direction of greatest importance.

Now let us consider the single drug. What, of the vast accumulation of scientific knowledge of each individual drug, should be taught in our homeopathic colleges? Should we confine ourselves wholly to the study and teaching of symptomatology and potentization of drugs, in order to be good, true, and faithful homeopaths? Should the homeopathic doctor refrain from the use of morphine and other palliative treatment in order to be patriotic and loyal to the banner under which he sails? Should a good, wide-awake, up-to-date, aggressive, and progressive homeopathic physician be satisfied with anything less than all of the scientific knowledge of drugs? Is there anything that the old-school physician knows about drugs that the homeopathic physician hasn't a perfect right to know? Is there anything that pertains to the great field of medical learning that is not his by tradition, by inheritance, and by right? Then what knowledge of drugs shall we, as homeopathic physicians, laudably ambitious to be the best in the field, impart to our students? I answer, all we know that is scientific and worthy of any physician's attention, and with it a good, pure, methodically arranged, clean-cut homeopathy. Nothing less will fully satisfy, in this scientific age, the fertile and active mind of the young, ambitious doctor. It is my practice to begin here, as we should in

all cases of scientific investigation, as near the bottom of the study as possible. Lay the foundation strong and well if you expect the superstructure to withstand the blasts of storm, time, and criticism. We should teach the student something about the crude material from which our medicines are made, their nature and their classification, their habitat, and a short description of each article, as well as a brief history of the medicine, the part which is used for making the drug, how the drug is made, its power, and how to make its dilutions or triturations. We should also teach the range of physiological dose, as well as to give a definite understanding of the recommended potency, or medication. All the drug knowledge imparted to the student should be definitely classified in a clear-cut and scientific manner; placing a limit somewhere, not beyond the 30th decimal potency, for the material medication, and a limit from that point to some other definite point for the "spirit-like" medication. Then in a concise, and yet sufficiently comprehensive manner, the student should be taught the physiological action of the material medicine, and in a separate classification the proving of the "spirit-like" medicine. In connection with this I would give definitely and specifically the time and cause of aggravation, the time and cause of amelioration, and the mental condition produced by the drug. I think it would be well to wind up with a brief and rational treatment for the poisonous effects of the material medicines, and the antidotes for the "spirit-like" medicines.

Third, Where Shall We Stop?—Or is there no stopping place? Shall we continue to run until we are tired, exhausted, and discouraged, because we can see no resting place, or a possibility of mastering our science? And in this condition pull up to the delusive oasis of the allopathic camp for rest and refreshment? To our symptom gathering there seems to be no end. We have placed before us impossibilities, with the impression conveyed to the student that we have mastered them, and that he also should be capable of mastering them. We have been deluded with the idea that each drug has the power to produce, or cause, from one to three thousand symptoms, all of which must be memorized to complete our knowledge of said drug; when the fact of the matter is, that the vast majority of these symptoms are either imaginary or secondary, and not in any sense true, scientific drug symptoms. I believe that we have, in a large degree, actually sacrificed the real truth and worth of homeopathy for a delusion. This delusion is a great mass of imaginary and secondary symptoms on the one hand, and the extreme, unlimited trituration and diluting our medicines on the other. If we can get from six to a dozen well-marked, characteristic, primary symptoms of a drug, whether it be from the material action or "spirit-like" force, you may depend upon it that the individuality of that drug is well established, and that its curative power is all that can be

expected within the domain of internal medication. I would give a hundred times more for a prescription based upon these logical, scientific possibilities, than I would for one where the mentality must, necessarily, be spread, in a less compact and concentrated form, over from one to three thousand symptoms, and the drug diluted to the ten-billionth part of nothingness—both of which are illogical impossibilities, and therefore not scientific.

I do not doubt that there is some soothing and healing virtues even in this manner of prescribing, but it belongs to another realm, and not to scientific medicine. It may be Christian Science, or faith healing, or hypnotic treatment, or Dowieism, or something of that sort. But whatever it may be, I feel quite sure that we cannot twist or warp or attenuate our therapeutic law to meet all these fads, nor to cover the scientific demands of both heaven and earth. The law is based upon material things. It is reasoned out through a material brain, and is applied to a material body. We accept the "spirit-like" force in drugs, because it is reasonable and logically scientific, and here is where we should stop. Even this should have its defined limitation somewhere within the bounds of reason's capabilities. There is a point at which the drug drops its material action and takes on the "spirit-like" force. When this is reached, allowing certain liberal bounds, it seems to me that it cannot be improved or made more "spirit-like." And this should be our stopping place.

With these limitations our efforts will be more concentrated, our system of medicine more effectual, more scientific, and more influential.

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In Practice Still at Ninety-nine.

Dr. Harry Helfrich of Altoona, Pa., celebrated his ninety-ninth birthday July 26. He is the oldest resident of Lehigh county and the oldest physician in active practice in Pennsylvania.

He is as active as a man of sixty, and while he no longer visits patients he still has considerable office practice. His memory is unimpaired, his digestion sound, his appetite good. He goes to bed at 8 P. M., rises at 6 A. M., and sleeps like a child all night.

His hair is just beginning to turn gray, and he has never worn spectacles. He is about five feet five inches tall and of slight physique.

As a boy he was sickly, and when he was thirty he thought he was going to die of consumption. He recovered, and has never been ill since.

His secret of long life he claims is found in strict adherence to the advice: "Excess in nothing, moderation in all things." While not a total abstainer, he rarely takes alcoholic drinks. He has always been fond of tobacco.



The Medical Library

By O B SERVER

A Treatise on Mental Diseases.

With regard to the general causation of insanity, Professor Berkley considers a hereditary instability of the nerve tissues, evidenced pathologically by divergences from the normal in the structure of brain convolutions, number of cortical nerve units and abnormalities in the form and component parts of the cells, etc., the most important factor to be taken into consideration. Considerable stress is laid also on vascular lesions in relation to degeneration insanities, either by cutting off the supply of nutrient plasma or by damming back the return flow. Thus he writes:

"I fully believe that in these slowly progressive vascular changes we shall finally determine from a pathological standpoint the origin of the majority of the various types of the organic-degenerative forms of mental aberration, the first alterations in the vessels inducing the gradual change from perfect sanity to the slight mental obliquities . . . that stamp the beginning of the first stage. Later, when the lesions in the vessel walls have progressed, the nutrient plasma transuding through them being altered both in quantity and quality, we find a rebellion of the brain cell to the lack of its accustomed food, showing itself in a stage of acute excitement; and lastly, when the nutrient supply has sunk to a point barely sufficient to maintain the cell alive, and chemical and histological alterations have been induced in its protoplasm, there results the final stage of terminal dementia."

With regard to the pathological ætiology of general paralysis of the insane, Professor Berkley, whilst taking up no dogmatic position, considers that the theory of its primarily vascular origin enables us to account more satisfactorily for its clinical development than Nissl's theory of primary neuron implication.

Encyclopaedia Britannica.

The third of the new volumes, "Chi to Eld," contains several articles of medical interest. That on cholera brings our knowledge of this important disease fairly up to date. Dr. Shadwell, its writer, leans to the view "not that cholera can be developed de novo, but that the type is unstable, and that a virulent form may be evolved under favorable conditions from another so mild as to be unrecognized." This of course is not the same as to say that epidemic

diarrhea and cholera are convertible diseases. Epidemiological considerations alone would disprove this.

Sir Henry Thompson's article on cremation gives a history of the steps taken by him and by others to secure the adoption of cremation in England. Recommendations as to a rigid and exact death certification, and as to the appointment of a qualified medical man as an official certifier, is emphasized. That such requirements are important in connection with all deaths, and particularly important before cremation is performed, is generally agreed.

The sanitary aspects of cremation are briefly discussed. Sir Henry holds that "undoubtedly in populous communities and in crowded districts the burial of dead bodies is liable to be a source of danger to the living," and argues that "in a densely-populated country the struggle between the claims of the dead and the living to occupy the choicest sites becomes a serious matter." Against this, however, has to be set the consideration that another generation may perhaps be thankful that the large suburban cemeteries have preserved open spaces in the midst of dense populations. It will not be denied, on the other hand, that cremation is a sanitary means of disposal of the dead. It is to our mind less repulsive than slow decomposition in a wet soil.

The article on diphtheria consists largely of a summary of Dr. Newsholme's pamphlet on this subject. It is pointed out that the great epidemics of 1859 and 1893 coincide with his induction that "diphtheria only becomes epidemic in years in which the rainfall is deficient, and the epidemics are on the largest scale when three or more years of deficient rainfall follow each other." It is suggested, however, that the very period "which began in 1893 and culminated in the extraordinary season of 1899" was not accompanied by so large an increase of diphtheria "as might have been expected," and that it was followed by a decided fall in 1897-8. The figures which Dr. Shadwell gives as to the effects of the antitoxin treatment in reducing fatality furnish a partial answer to his own statement; and he neglects the fact that in the eleven years from 1883 onwards to 1893, there were only three years in which the rainfall was over the average amount for fifty years, the deficiency in the remaining eight years being steady and considerable. All this time the diphtheria death-rate was creeping up, culminating in 1893. The

rapidity with which a community reacts to the conditions favoring the production of diphtheria must vary according to local circumstances; and Dr. Shadwell does not lay sufficient stress on opportunities for personal infection. The influence of school attendance is summarized briefly but fairly.

**Chirurgie du Foie
et des Voies Biliaires.**

A new volume on the Surgery of the Liver and Bile Ducts is by Professor Terrier and M. Auvray. The discussions throughout are full. Wounds of the liver, it is stated, should be dealt with by the surgeon as early as possible. As a rule, diagnosis is easy; but in not a few cases the cardinal symptom—general collapse from hemorrhage—is absent, or delayed in its onset. If the abdomen be opened, and the wound be on the anterior margin or under surface, it can be readily exposed; if on the upper surface the suspensory ligament must be divided, as suggested by Hahn, and the liver pulled downwards. Stitches or packing, or both combined, the application of styptics, thermo-cauterization by hot air or steam, may all be used for arresting the hemorrhage.

In rupture of the hepatic duct the authors recommend drainage; when the common duct is wounded it should be divided, the ends closed by ligature or suture, and a cholecyst-enterostomy performed. Movable liver may be congenital, due to absence of the ligaments of support, or acquired, being then a part only of the general sinking of the viscera.

It is rarely possible for surgery to avail anything in the treatment of hepatic tumors. In cases of pedunculated growths, or of carcinoma spreading from the gall bladder, arising as the result of prolonged gall-stone irritation, success may be achieved. But the aggregate of all such cases is but small in comparison with the number of growths to which the liver is subject.

Some errors in the matter of English names are to be observed. Wickham and Arbuthnot are quoted for Legg and Lane.

**Tumors, Innocent and Malignant: Their
Clinical Features and Appropriate Treatment.**

The second edition of Bland-Sutton's well-known work on "Tumors, Innocent, and Malignant," is, if possible, an improvement on the first. Some of the author's special views will be read with interest. He holds that the sebaceous gland is the point of origin of rodent ulcer. He ably demonstrates the nature of rare but definite and important types of new growth, such as plexiform neuroma. Much fresh information is given in this edition concerning tumors of practical interest to the hospital surgeon. Mr. Bland-Sutton maintains that a close study of myelomata indicates that they differ histologically, pathologically, and clinically from sar-

comata, with which they have hitherto been grouped. He places *deciduoma malignum* under the heading "sarcoma of the uterus," and points out that there is at least no doubt on the clearest clinical evidence that these "so-called decidual tumors" are only equaled in malignancy by the deadly sarcomata which arise in the periosteum of the femur and humerus. He is somewhat at variance with leading German authorities about the relative frequency of sarcoma and carcinoma of the ovary. He implies that alleged "cancer" of the ovary must be accepted with reserve. The Germans believe that in true malignant ovarian tumors cancer is the rule, the common bilateral semicystic tumor being cancerous, not sarcomatous. It must be remembered, on the other hand, that they have in view the fact that many tumors registered as "solid sarcoma" are simply big, edematous fibromata. Mr. Bland-Sutton lends some support to the German theory when he insists that a skilled histologist cannot always be sure that a connective tissue tumor is malignant. This controversy has demonstrated one fact of practical interest—a solid ovarian tumor is often not so bad as it looks.

Treatment of Neurasthenia.

Dr. Campbell Smith's English translation of Proust and Ballet's "Treatment of Neurasthenia" will increase a popularity already deservedly large. The translator has done his work admirably and is to be congratulated upon the production of an interesting and readable book. Although the title limits the work to treatment, almost half the space is occupied by a consideration of ætiology and symptomatology—a necessary preface in the case of a disease so ill-defined and various in manifestations as neurasthenia. The various theories of causation are thoroughly examined, and many of them, such as that attributing all cases of nervous exhaustion to auto-intoxication, are excluded. The section which deals with prophylaxis contains many useful suggestions with reference to the education of children predisposed by neuro-arthritis heredity. Under the heading of general treatment special chapters are devoted to psychotherapy, diet, hydrotherapy, climate, exercise, and to the Weir-Mitchell treatment. The author considers that suggestion in the waking state a valuable remedy, although hypnotism has been unsuccessful. Certain drugs are recommended, especially in cases complicated by severe forms of dyspepsia, but as a general rule it is contended that the employment of drugs is more often injurious than useful to neurasthenics. The advice with reference to hydrotherapeutics is marked by great discrimination, and the criticism of the stock prescription of "travel" for patients easily exhausted by sight-seeing and irritated by inconvenience is sensible and necessary.

TOPICS OF THE HOUR

Relapse of Vaccination.

Dr. John R. Williams writes: "A gentleman whom I vaccinated the other day had typical vesicles forming on one of his scars of childhood, in addition to those on the parts I scarified. I know the case of a young lady who was recently vaccinated on her left arm, but as it did not 'take,' she again requested to be vaccinated on the right arm. This, too, proving unsuccessful, she decided to try what the effect would be on her left leg, the result being that well formed vesicles appeared on both arms and leg simultaneously. Again, I believe, it sometimes happens in cases of re-vaccination there may be some constitutional disturbance, without the formation of vesicles, but with intolerable itching at the seat of scarification, or occasionally rheumatic pains in the vaccinated limb. Early in January Dr. Hughes vaccinated a lady who was anxious it should be done before undertaking a journey, but strange to say there was absolutely no trace of anything for twenty days, when there appeared a large crop of vesicles. This latter case raises an interesting point, as to whether it may be inferred that a long incubation period is any criterion of a greater power of resistance in the individual, thus insuring more immunity from the influence of smallpox. I await an explanation of these phenomena."

♦ ♦

The Cigarette and the Depopulation Problem.

The list of ill effects attributed to tobacco is already longer than Homer's catalogue of the ships. That pleasant poison is held accountable for intermittency of the pulse and palpitation of the heart; for dyspepsia, gastralgia, and loss of appetite; for angina pectoris, various disorders of vision, tendency to vertigo, loss of memory, blunting of sensibility and impairment of motor power. Tremor and obstinate cough are also reckoned for unrighteousness to the herb nicotian. The hardened smoker is even said to bear the mark of his vicious habit stamped upon him in the most intimate part of his anatomy, coloring his bones as he does his pipes. But he defies all the vaticinations of medical oracles, and indeed as he generally feels no wound he can afford to jest at scars.

A new Cassandra has, however, recently arisen, in the person of Dr. Le Juge de Segrain, of Luchon, who in the current number of the Archives Générales de Médecine foretells what many smokers will regard as a worse doom than any yet pronounced upon them. He holds that

among the baleful effects of tobacco on the nervous system is one which makes it unlikely that the smoker will see children of his own about his knees. Carlyle tells a story of a squire of dames who was wounded in a duel in such a manner that although he lived many years afterwards and broke most of the commandments, one he observed with the strictest fidelity, for the good and sufficient reason that a breach of it was beyond his power.

If we are to believe Dr. Le Juge de Segrain, a rigid obedience to the same commandment is sometimes imposed on the devotee of My Lady Nicotine. He cites two cases from published records, and several more from his own practice, in which impotence resulted from inordinate smoking. The patients for the most part smoked cigarettes and swallowed the smoke, and Dr. Le Juge de Segrain's theory is that the tobacco, being absorbed by the lungs and the stomach, acted as a slow depressant poison on the nerve centers. Abstinence from tobacco sufficed to bring about recovery, but some of the victims were so wedded to the cigarette that they could not give it up. In one case death is said to have resulted from immoderate smoking, but the genital apparatus was not examined.

Dr. Le Juge de Segrain, however, refers to a communication presented by Dr. Georges Petit, General Secretary of the French Anti-Tobacco Society, to the Congress of Scientific Societies in 1901 on changes in the organs of generation produced under the influence of tobacco. He made experiments on a number of animals—dogs, cocks, guinea-pigs, rabbits (male and female)—which were exposed to the action of tobacco smoke, fed with tobacco leaves, and treated with enemata of nicotine solution. In some cases acute intoxication was produced, and the testicles were found congested, the tubuli seminiferi being the seat of cell proliferation and epithelial desquamation. In other animals in which chronic intoxication had been produced the testes were the seat of a true atrophic sclerosis approximating to the cirrhotic type, the vesiculæ seminales were, as it were, withered, and no spermatozoa could be discovered. In the female rabbits the ovaries were shrunken and atrophied.

These facts may, perhaps, help us to regard the war of the tobacco trusts with satisfaction as likely to result in a diminished consumption of tobacco. If tobacco is really a cause of sterility, as is suggested by Dr. Le Juge de Segrain's facts and Dr. Georges Petit's experiments, the matter is a serious one. Our population has in recent years ceased to increase at the rate which formerly prevailed. Various causes have been assigned for this, but among them, no one, as far as we

know, has included the cigarette. It would be curious if that unconsidered trifle were shown to be a factor in depopulation, hitherto unsuspected by political economists.

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San Francisco in 1904.

The Institute will most likely find its way to San Francisco in 1904. That, at least, was the undercurrent of talk at Cleveland. It is a decidedly pleasant prospect to many of us, though to some others, who go to Europe every year, it will be a far cry from the Atlantic seaboard to the Pacific. Still the great West is entitled to this Institute. West of the Mississippi River there has grown up a mighty power in Homeopathy, and it is both fitting and just that our Western brethren should be recognized. The Drs. Ward will be most glad to welcome the undating hosts of the East. They have participated almost every year in the hospitality of the Institute, wherever assembled. They are popular physicians and surgeons, and besides most popular personally. With them are the other excellent ones of the Pacific Coast, Boericke, and Arndt, Hawkes, McConkey, and the long line of "immortals" who hold up the banner of similia. We suggest that in taking the East and Middle West to San Francisco in 1904, that the southern route be adopted. We have traveled through this district repeatedly and know that the charms of this route are numberless; especially true is this of those to be found along the line of the Atchison, Topeka, and Santa Fe. There are beauties undreamed of in the philosophies of the average American who has never traveled over these southern reaches of land and mountain. There is a Montezuma Hotel at Las Vegas which would be a pleasant stop-off place for a breathing spell in which to admire the scenery, drink in the beauties of surroundings, and participate in the libations from nature's fountains.

The Montezuma Hotel is a handsome four-story structure in the chateau style. It stands on the north side of the Gallinas where the canyon widens to a small amphitheater, about one hundred feet above the river bed, and commanding attractive views of the pine-clad slopes of the surrounding hills, and a splendid vista through the canyon mouth across the plains and mesas to the dark forest ridge, thirty miles away on the southwestern horizon.

Supplementing its hundred and twenty chambers, everyone with a pleasant view, the hotel has a handsome office with a spacious fireplace, which does valiant service of cool evenings; three large parlors, a convenient writing-room, a dining-room capable of seating comfortably two hundred guests, over five hundred running feet of wide veranda, of which some seventy feet are converted by glass walls into a sun-parlor. The house is heated by steam, and lighted by elec-

tricity, the power being generated at a building a quarter of a mile away, and so located that the atmosphere at the hotel is never polluted by smoke.

Just beside the garrulous Gallinas stands the bath-house, a center of interest to well and weak alike. To this site rheumatic red men and wild-eyed melancholy Mexicans have for centuries made pilgrimage from hundreds of miles around to seek the relief afforded by the miraculous *aguas calientes*. While yet there were "A thousand miles on either hand, where an Englishman never had been," the conquering caballero cavorted here in the salubrious mud, surrounded by his *doña* and *niños*, just as many a Saxon boy luxuriates in the "mud hole" of his fondly loved "Willer Creek." But the peat-beds of the Gallinas, saturated with the saline waters of Spring No. 6, are a mud hole for the gods. The practical Anglo-Saxon has taken charge, and if the peat bath is less picturesque than the mud hole of the ancient *ojos calientes*, it is vastly more beneficent and more accessible to those who most need it. While the tub, plunge, pack and vapor baths in the Hot Springs waters are all beneficial in affections of the skin, liver, and kidneys, the peat bath is the height of salubrity, as well as of luxury; an additional feature of the luxury is that each bather has his individual mud. The wholesome and aseptic peat-porridge clings like an all-pervading poultice about the person of the patient, opens every pore, and reaches straight to the liver and the kidneys, inciting them to freer action. Cases of patients who have taken the peat baths for a time, left the Hot Springs and then returned, with observations on their urine, demonstrate beyond question the powerful effects of the baths upon these organs. Contrary to all expectation, the effect of this poultice is not weakening or depleting. The stimulating effect upon the digestive functions is such that patients have actually gained in weight while taking three peat baths a week.

For the pleasure-seeking guest of the hotel the bath-house contains a little gem of a natatorium, fifteen feet by fifty-four, sloping from four to nine feet in depth, and supplied with hot water of No. 6 Spring, which is reduced to a suitable temperature.

The service of this popular railway, as almost everyone knows, is superb, and not to be paralleled by any other lines north or south. Bear this in mind, brethren and sisters. You can get special rates for the round trip from Chicago over this Santa Fe route.

♦ ♦

The "Plus" Man.

A "plus" man is one who is more than appears on the surface, bigger than he looks, stronger than he seems, abler than he shows in ordinary affairs, better than the world judges him, constantly rising to occasions and accom-

plishing more than is expected of him. There are many such men to whom great occasions never come, but there are a few whose "plusness" has a chance to illuminate the earth every day, and in no class or profession will so many be found as in medicine.

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The Biddenden Maids.

In the little church of Biddenden, near Staplehurst, in Kent, the "Biddenden Maids" were commemorated on Easter Sunday, according to ancient custom, by the presentation to each visitor of a little hard, dry cake bearing the impression of two quaint figures united at the hip and at the shoulder. The "Biddenden Maids" are said to have been born at Biddenden in 1100. Their names were Mary and Eliza Chulkhurst, and their parents were fairly well-to-do people. The story runs that they were united at the hips and the shoulders, and lived until 1134. At the death of one it was proposed to separate them, but the remaining sister refused, saying, "As we came together we will also go together," and in about six hours she died. The sisters bequeathed to the churchwardens of the parish and their successors twenty acres of land, now yielding about twenty pounds a year.

Ballantyne, discussing the matter, says that while the remoteness of the date assigned makes the story somewhat doubtful, the chief difficulty is the nature of the alleged monstrosity. All the records, he says, agree in stating that the Maids were joined together at the shoulders and hips, and the impression on the cakes and the pictures on the "broad-sides" show this peculiar mode of union, and represent the bodies as quite separate in the space between the above-named points. The maids are shown with four feet and two arms, the right and left respectively, whilst the other arms (left and right) are fused together at the shoulder according to one illustration, and a little above the elbow, according to another. While admitting that it is not safe to say that such an anomaly is impossible, Ballantyne does not know of any case of this peculiar mode of union; but it may be that, as Professor A. R. Simpson has suggested, the maids had four separate arms, and were in the habit of going about with their contiguous arms round each other's necks, and that this gave rise to the notion that these limbs were united. If this be so, then the teratological difficulty is removed, for the case becomes perfectly comparable with the well-known but rare type of double terata known as pygopagus twins, which is placed by Taruffi with that of the ischiopagus twins in the group *Dicephalus lecanopagus*.

Similar instances are the Hungarian sisters (Helen and Judith), the North Carolina twins (Millie and Christine), and the Bohemian twins (Rosalie and Josepha Blazek). Ballantyne suggests that the interspace between the thoraces

may have simply been the addition of the first artist who portrayed the Maids (from imagination?); then it may be surmised that they were ectopagus twins. Pygopagus twins are fetuses united together in the region of the nates and having each its own pelvis. In the recorded cases the union has been usually between the sacra and coccyges, and has been either osseous or (more rarely) ligamentous. Sometimes the point of junction was the middle line posteriorly, at other times it was rather a postero-lateral union. It is, in Ballantyne's opinion, probable that in the Biddenden Maids it was of the latter kind; and it is likely, from the proposal made to separate the sisters after the death of one of them that it was ligamentous in nature. The case would therefore have been a favorable one for cinematographic surgery, had that latest "evolution of civilization" been dreamed of in the twelfth century.

Globules.

—We learn with deepest sorrow of the death of Dr. Martin Deschere of New York. When we last had the pleasure of meeting with this genial physician at Richfield Springs, he was at that time complaining of difficulty with the heart, but hoped by taking rest and doing no work for a season to overcome the trouble. Dr. Deschere was a faithful disciple of Hahnemann, a good physician, a popular lecturer, an all around gentleman. He will be missed from many homes. He had a fine practice.

—Dr. W. B. Clarke, of Indianapolis, writes that he has another batch of recent funny happenings in the Hoosier medical world, but has not had time to put them together, sending the following, however, as a sample, a Hoosier-Bluegrass sample, as it were, which is the wind-up sentence of a "spinal column" paragraph in the *American Practitioner and News*, Louisville, July, 1902: "This is the first testimonial I have given in twelve years, and have absolute confidence in its physiological action. J. B. Young, M. D., Newark, Ind." Hurry up with the others, doctor, if they are as good as the sample.

—Dr. H. F. Biggar sails from England on the third of this month, bringing with him the patient to whom he was called at Carlsbad in consultation. He is loud in his praises of the diagnostic ability of the eminent men who were attending this patient, but he adds that they had no faith in therapeutics. One of these consultants had been decorated by the King of Sweden for researches in that special department of medicine for which he had been called to Carlsbad; another was an international character from France; and a third an honored and eminent man from Germany. Dr. Biggar in-

sisted on using therapeutical measures in the face of the opposition of the Continental specialists, who said that neither operation nor medicine would avail.

—It pleases us very much to note the universal tone of satisfaction which pervades the homeopathic press touching the meeting of the American Institute in Cleveland. There was certainly never before—in Cleveland—a more hearty response of all the profession to make the national body welcome. The only complaint which we have heard has been in relation to hotel accommodations. But is not this the perennial cry at all meetings, and of all societies? No one for a moment will deny that he could not or did not have a room at one or the other of our two selected hotels, if he made application for such room before his coming. If any such there were we have not heard. The trouble has been, is, and will continue to the last man Adam, that he will not heed the annually printed adjuration, to send a postal-card to the hotel and engage his room beforehand. This would cost him but one cent. No, indeed; he will wait until twenty-four hours before his expected arrival, then telegraph for a good front room and bath. You can't make that Institute member understand—you couldn't hammer it into his alleged brain with a steam trip hammer—that a hotel does not depend for its existence, wholly upon this one coming society; that it is first come, first served. The same indifference to printed requests and frequent oral appeals is to be noticed every year in the matter of railway certificate certification; every member knows that unless he has his railway certificate endorsed,—and for which purpose the Institute has a railway representative at its own expense during the whole week,—he cannot receive his reduced fare for the home journey. And still, despite all this, it is one of the constantly, annually recurring duties of the Transportation Committee to appear in the midst of the general and sectional meetings—to interfere with the politics of the Institute, and with the labors of the Constitution twisters and by-law confusers and warn the membership to bring in their certificates. One would suppose that the saving of one-third of the railway-fare would be a lively inducement to the member to attend to this little matter, without being prodded publicly from the president's desk, in every session, to do so by the committee. It's the great American habit of putting things off until some other time. We, personally, have had the same experience in our European tours. Repeated requests to send in applications in order to secure good steamer berths, or any berths at all, are ignored until a few days before that set for sailing. And all the impassioned eloquence of letter upon letter and request upon request, cannot make this typical American understand that it is some-

times necessary to do something to-day and not wait until to-morrow. To revert to the hotel matter. Even the Hollenden hotel, or the Colonial, could have provided extra rooms elsewhere for its guests had they been notified in advance, as every hotel is always able to do. But to wait until the moment of arrival, with a large convention in session, is too late. And such dilatory member deserves what he gets or rather what he does not get—in the way of hotel accommodations. Couldn't this be made the subject of a new article in the Amended Constitution and By-Laws, if somebody wait until half-an-hour before adjournment, and then propose it?

—We learn, indirectly, that Dr. Joseph P. Cobb, the President-elect of the American Institute of Homeopathy, is no longer of Chicago, but that he has become a resident of Lincoln, Neb., with his friend and companion, Dr. Benjamin F. Bailey. So that it would seem that Chicago again has not got the Institute Presidency.

—W. B. Saunders & Co. have sent us a number of excellent medical books which are being reviewed by competent critics. Pending the more formal report we desire to say that the "Hirst Obstetrics" is one of the superb books on this always interesting topic: and that no reader of these pages will regret having put this excellent work upon his working table.

—The Eclectic Medical Monthly for August contains what purports to be a remedy much used by the homeopaths. It is contributed over the initials of our whole-souled and genial friend Bloyer of Cincinnati. It gives the indications very thoroughly of an alleged homeopathic remedy; but who of us ever heard of antimonium condum? That's a new kind of—medicine with the homeopaths. Sir?

—The college announcements are falling fast—upon our review table. The Hering school has added unto itself some considerable importance in becoming part of the Midland University. It sends out a cheery announcement—circular and, indeed, it bears every evidence of being a good and progressive and above all a homeopathic school. The Chicago Homeopathic is before us with its several pages of Professors and Lecturers. It seems almost as if there could not be room enough in a month's working calendar to give each of the professors and lecturers a chance at the class. With no special reference to this prominent and ever successful school, we still adhere to our belief that a very good medical school could be built up with a dozen successful and eminent teachers each under a fair salary. The Southwestern Homeopathic College comes to us with some new names added to its roster, one of whom, if we mistake not, was until recently a practitioner of Cleveland.

—This happened at Cleveland. A doctor: "Dr. Dewey, let me make you acquainted with Dr. Gridley. Dewey, Gridley—Gridley, Dewey." Dr. Dewey: "You may fire, Gridley, when you're ready!" And the voracious chronicler continues to say that they duly and properly "fired"—but not with coffee.

—"Handsome" C. Aldrich of Minneapolis, who is also President this year of the American Association of Orificial Surgeons, is out in the field for papers and other matter to liven up his next annual meeting at Chicago, September 10 and 11. And when H. "Clever" Aldrich gets after you, you might as well make up your mind to come "down."

—Dr. Pratt has sent us his new edition of "The Composite Man." This is the third edition within a short time, and, hence, argues its popularity and success. We can add nothing to our former commendatory review, which was written in the superlative degree, but, strange to say, it seems not to have been seen by the distinguished author, since he copies opinions concerning his book from far-away and non-medical sources and newspapers, and but one homeopathic journal. Stick to the profession, Fra Pratt!

—Dr. C. M. Boger of Parkersburg, W. Va., sends us some sample pages from his forthcoming "Boenninghausen's Characteristics and Repertory," which is a practical working manual of materia medica. It needs no word of praise from us to exploit this always excellent work of Boenninghausen. But it is a large question with us, as we said on a former occasion, whether Dr. Boger will net enough from the sales to reimburse him for his actual time and money outlay. We know him well enough to believe this to be a labor of love; that he has no expectation of retiring on the usufruct of the work. It takes a brave and very enthusiastic homeopath in this enlightened and up-to-date scientific-specialist age to utter a pure homeopathic book. This reminds us of the other professional brother who was, perhaps, the first to put this Repertory into English and into ordinary ship-shape; but who has now been adjudged non compos mentis, or, rather, an incompetent person, to be watched over by the law! And this same fate has overtaken another of the Institute's friends, one of the workers for the completion of the Hahnemann monument now standing in all its beauty and grandeur in Scott Circle, Washington. The prompt response of this one-time prominent member with money and influence tended to blaze the way for others to follow with contribution of means. Better far to be called as Helmuth and Ludlam and Talcott and others of our craft have been called, than tarry here useless and—hardest of all—forgotten. But all this has naught to do with Boger's book, which we recommend most highly and trust will prove a financial success.

—We learn with much pleasure of the appointment to the Middletown State Hospital of Dr. Maurice Cavileer Ashley to fill the place made vacant by the death of our good friend Dr. Selden H. Talcott. Dr. Ashley was, in truth, the logical candidate for this position, having been with Talcott for upwards of fifteen years and having latterly passed the required civil-service examination with 90 points to his credit out of 100. We congratulate Dr. Ashley and as well the homeopathic profession of the State on his excellent appointment. We feel sure that the profession will have nothing to fear from the administration of this able, resourceful, and thorough-going gentleman and physician. Our heartiest wishes for your success, Dr. Ashley!

—The Homeopathic Hospital Envoy is before us. It says upon its title page that this is the eighth Vol. and is No. 7 of that issue. It is a well-prepared little journal and, naturally, shows up the hospital side of the question and does it strongly. It would seem that a man when sick must be sent at once to a hospital, whether or no, have a trained nurse and the other accessories in all such cases made and provided. Now if these hospital facilities were a gratis arrangement, why then, all well and good. But it takes a moderately rich man to avail himself of the luxury of hospital-facilities. Take the average working man who receives, let us assume, \$75 per month. It is not long before his little stock of savings has become exhausted, even when his family is sick at home, with a willing wife or daughter to wait upon him, and a doctor who is faithful and skillful to visit him once a day. What then would he do in a hospital? And if he went there what would his little family do *ad interim* for bread and clothes for themselves? To put that man into a general ward would destroy him utterly. When a patient needs an operation, there is unquestionably no better place for him or her than a hospital. In ordinary sickness, however, it is open to grave doubt. There is a horror of the modern hospital in the mind of the average citizen which amounts almost to frenzy. The machinery of a hospital is well oiled and moves along smoothly; still it is nothing but machinery. It cannot compete with the personal interest and sympathy of the family physician and the soft hands and loving hearts of the immediate members of the family. Another and, perhaps, a selfish view of the hospital problem is the bread-question. Hospitals are not builded nor kept *in esse* by physicians; more often, if not in the overwhelming majority of cases, they are commercial ventures, built and manned and carried along For Revenue Mainly. One or two favored or political physicians are placed in charge at a stated salary. They are "assisted" by the counsel of a staff of older physicians, who take precious good care that none of their pay-patients find their way into the hospital—except

for operations. With all the many and varied complaints reaching us through the various journals touching the hospital abuse in the East, it will take some years and much faithful labor to make the hospital the place of first intention for every sick man or woman. The Homeopathic Hospital Envoy is the mouthpiece of a very good hospital, and seems to be the working ground of the Denver Homeopathic College. We find the usual well-known names of our Denver brethren associated in various capacities in this hospital staff. Our criticism is directed at the leading editorial, and not at this hospital, or the Denver school.

—Dr. James A. Campbell, for sixteen years officed at 1729 Washington Avenue, St. Louis, will, on September 1, remove his offices to 206 and 207 Mermod-Jaccard Building in that city. Dr. Campbell was our Professor in Eyes and Ears, and had we heeded his many requests, nay, importunities, we would to-day be an O. and O. man, probably as eminent as dear Dr. Campbell and perhaps able even to visit Russia every year like Dr. A. B. Norton. But alas! we chose the parish practice plan. Hence, etc.

—In making up the plans for the 1904 trip to San Francisco for the American Institute of Homeopathy,—if that is to be the place of meeting,—let us not forget the southern route, along the line of the Santa Fe system of railway. We have been over this line several times, and take great pleasure in saying that it is admirably adapted to an excursion tour for doctors and their families. The Las Vegas Hot Springs, New Mexico, with its wonderful Montezuma Hotel, is one of the dream places of this country. The Santa Fe railway is inclined to be kind to us in the way of rates for our membership. Lest We Forget!

—Some discussion has arisen concerning the violation of the Visitors' Badge-rights at Cleveland. Several men wearing this badge made a disgraceful spectacle of themselves in the private box of a vaudeville theater. We creep out of all responsibility in the matter by making ourselves believe that these wearers and soilers of the Visitors' Badge were exhibitors, and not of our profession. But that the more calls attention to the necessity of being more definite and more exclusive in the giving of this badge. Why not institute another Order of our badge and mark it plainly "Exhibitors"? There is no doubt, however, that with this complained-of objectionable feature removed, there still remain several others. For instance, it very soon became known among the local people—not doctors or related to the doctors—that a visitor's badge gave rights to the Malted Milk ice cream, and to pencils and blotters and books and things from the exhibitors, so that efforts were made to secure the necessary blue ribbon.

Perhaps it will require no amendment to the constitution and by-laws, and no new assistant secretary at \$200 per to have these several wrongs corrected.

—Dr. Kraft, the editor, especially requests that early application may be made to him, for place in his next European tour. Steamer berths are not all alike; they vary not only in desirable locality but as well in price. As the return ocean ticket must also be provided for before sailing on the outward voyage, it becomes all the more necessary that early notice be given of intention. Return ocean tickets will be good for one year.

—The action of Governor Stone in replacing Dr. F. A. Boericke, on the Pennsylvania Pharmaceutical Examining Board with C. W. Davis, a regular, has caused bitter feeling against the Governor among the homeopaths in that State. They claim that in leaving the Board without a homeopathic member, the Governor has disregarded not only the interests of their profession, but those of the public at large.

There may be bugs in butter
And bugs in butterine,
Bugs in air,
Bugs everywhere,
In everything unclean.
But there are no bugs or parasites,
Or germs, or microbes frisky,
In the choicest of all articles—
Just plain old-fashioned whisky.

NO?

There are no bugs! Ach du mein herr,
There are no bugs—gee whiz!
I've seen a blarsted doodle-bug
A-floundering in a phizz,
And katydids, and jobberwocks,
And tadpoles from the bogs;

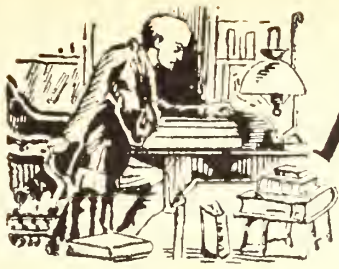
Whirring insectivorousness
From miasmatic fogs,
And many things zoological,
And animacules frisky
And snakes galore I've often found
In plain old-fashioned whisky.
—Midland Druggist.

—Stringent Legislation.—A village ordinance of Tarrytown, N. Y., reads as follows: "Any owner of a dog found at large without being muzzled will be subject to a ten-dollar fine." So greatly do they fear the spread of hydrophobia in Tarrytown.

—I am not afflicted like the dyspeptic lady who consulted her physician and reported his conclusion. "The doctor," she said, "told me that my real difficulty was that I hadn't sufficient gall to justify my victuals."—Charles Emory Smith.

The American Physician.

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Medical Progress

Why Physicians Should Advertise.

Dr. Cyrus Edson, of New York City, sets forth some clear, definite views upon the above subject in the *Daily News* of April 25, and his reasons are not only sensible, but gain authority from his high standing in the medical world. He holds that physicians must maintain the ethics of the profession, avoiding self-praise, self-exploitation, sensational methods and everything that will tend to identify them with the countless charlatans who use publicity. But he sees no good reason why beginners should not, if they choose, insert cards in daily papers, giving name and address, telephone number, and possibly their specialty. He would draw a very hard and fast line between what might be inserted and what might not. He believes that the time will come when no member of the profession will deem such advertising out of place. It is countenanced in Europe, and should be permitted here.

The "ethics of the profession" apply to details other than advertising. American medical societies are ultra-conservative, and Dr. Edson says that there was a period when the writing of such opinions as he has put into his paper would have brought censure. A second offense would have resulted in expulsion. No American physician of standing is permitted to follow any business that has to do with medicine, other than his practice. He cannot open a pharmacy nor even patent a medical compound or surgical instrument that he discovers or invents. Many inventors of valuable medical aids have died poor men through this unwritten law, notably Dr. Morton, the discoverer of the anæsthetic use of chloroform. Dr. Edson himself is the inventor of a surgical and needle forceps which is in use in all parts of the world to-day, yet he nor Dr. Olds, who helped in perfecting the instrument, have ever drawn royalties. The revenue would have made both of them rich. The

case is different in France, Germany, and Russia. One of the Czar's physicians receives \$200,000 a year in royalties on the drug salol, yet manages to maintain his professional dignity and his post at court. The ethics of the profession are gradually being broadened, however, and American medicine and surgery will ultimately be rid of many old forms without sacrificing an iota of the dignity that is held so sacred.

The real truth of the matter is, no doubt, that physicians do not distinguish degrees in advertising nor realize what heights of dignity it can be raised to. Propose to a conservative physician that he advertise, and he immediately conjures up visions of Omega Oil bulletin boards and dental ads in the newspapers. The members of the profession who are most anxious to advertise—beginners and the younger element—do not dare enjoy the most priceless kind of advertising—reputation and the good opinion of the community they serve. Medical advertising will ultimately be an accomplished fact, and will doubtless take the lines laid down by Dr. Edson—small cards in various mediums, with mere mention of one's specialty as the only approach to argument. Physicians can begin with mail advertising, however. Neatly engraved announcements of the opening of an office, with address, hours and other suitable data, ought to be quite inside the lines of ethics, being little more than a social form.—*Printer's Ink.*



A Powerful Diuretic.

Although the materia medica abounds in drugs having a diuretic action, but few of them can be considered pure diuretics, the majority producing their effect in an indirect manner. Among the pure diuretics theobromine has been extensively employed in late years in the form of the salicylate. This preparation, however, is not free from irritating effect upon the gastrointestinal tract, owing to the contained salicylic

acid, and for this reason Dr. Impnes of Brussels, after considerable experimentation, succeeded in producing a double salt of theobromine sodium and acetate of sodium, to which the name agurin has been given. This preparation has been made the subject of extensive clinical studies in the clinics of Professors von Litten of Berlin, Destree of Brussels, Buchwald of Breslau, and von Ziemssen of Munich. The results of these tests have shown that in the dropsy of cardiac disease, agurin is a prompt and reliable diuretic, free from any irritating effects upon the digestive organs or kidneys, while in some cases of ascites due to cirrhosis of the liver and in cases of cedema from chronic interstitial nephritis, without marked destruction of the renal epithelium, the drug acted efficiently. The diuretic value of agurin is further confirmed by some conclusions presented by Dr. A. C. Barnes (Medical Record, May 24, 1902), in a discussion before the American Therapeutic Society, according to which the acetates form double salts with theobromine which are soluble and are powerful diuretics, of which agurin is a type.



Dysentary and Flatulence.

The griping pain and flatulence which accompany bowel and stomach complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two Antikamnia and Salol tablets, repeated every two or three hours, that it behooves us to call our readers' attention to the grand efficacy of this well-known remedy in these conditions. The above doses are, of course, those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of the menstrual period, we find it preferable to give two Antikamnia and Codeine tablets, alternately with the Antikamnia and Salol tablets. The latter tablets promptly arrest excessive fermentation and have a pronounced sedative effect on the mucous membranes of the bowels and stomach, and will check the various diarrheas without any untoward effect.

—I have for the last five years employed peptenzyme as my leading remedy in the treatment of the vomiting of pregnancy. It assists in the digestion of foods, and relieves the nausea more quickly than any other remedy I have ever tried. I give the pregnant woman ten to fifteen grains

of peptenzyme after each food-taking—it matters not when or how often she eats.

Peptenzyme, by its action, lessens the nausea and assists nature in disposing of the food which is to be digested. It has been found of greatest value in sixty recorded cases, many of which had failed to get benefit from olalate of cerium and other drugs.—North American Journal of Diagnosis and Practice.

—“It is necessary to prevent as far as possible the great coagulating effect that the lab-ferment of the infant's gastric juice has upon the casein of cow's milk; and this is satisfactorily accomplished either by adding an alkali, such as lime water, or some mucilaginous material, such as barley water or Mellin's Food. In this way the casein curd is rendered loose and flocculent, and more like that of human milk.”—“Diseases of Infancy,” J. W. Ballantyne, M. D.

From Cleveland take PENNSYLVANIA LINES. 4:00 P.M. train which runs daily for NEW YORK arrives there 8:15 next morning.

Pullman sleepers through without change. Dining car attached, serving dinner.

Take this train also for Pittsburg, Baltimore, Washington, Philadelphia, and all points East.

Tickets and full information at City office, No. 1 Euclid Ave., or depot offices, or address C. L. Kimball, Assistant General Passenger Agent.

—As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic: furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the *Materia Medica*, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmacal Co., St. Louis.

The American Physician

OCTOBER, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



SUSAN M. HICKS, M. D.,
ATLANTA, GA.

JOURNALISTIC ADVANCES.

IT pleases us much—we had almost said muchly—to note how the foremost journals of our school are following in our footsteps, in the matter of recommending, what to us has always seemed such transparent measures for the improvement of the practical medical profession—that great body of men and women who are not bound down nor eternally kotowing to theories, and who are not teaching in some of our twenty unpaid colleges.

* * *

NOTE how the *Medical Era* now takes up our oft-repeated argument for the payment of medical college professors, and, also, our other argument that the best medical college is that

associated with some well-grounded and well-paid University.

* * *

NOTE, also, the *North American Journal of Homeopathy* recommending the need of greater care in the teaching of a few homeopathic remedies thoroughly and practically rather than filling the undergraduate's note-book with a smattering of several hundred remedies, injected into our homeopathic books from all manner of sources and by all sorts of men and women.

* * *

THE great *American Medicine* is now busy revamping our many-a-year long arguments against the enactment of barbed-wire medical legislation.

* * *

AND so the merry dance goes on. And there is nothing new under the sun. Selah!

* * *

AND after a while—a good deal after, judging from the great eagerness at present displayed,—some of our homeopathic journals will find other things to talk about, when referring to the Cleveland Institute meeting, besides the entertainment feature—which, of course, was good; they will then begin to see that something else was done in addition to getting “our” man in for President; also that there “haint no politics” in the Institute.

* * *

THEN the profession will listen to the heavy cannonading of our heavy guns in the several heavy editorial chairs on the Crime of 1902—the dismemberment and beginning-destruction of the once great American Institute of Homeopathy. But at present the visiting editorial corps is still suffering from the surfeit of hospitality which Biggar and Wood, and a few others furnished from their private pockets—and others did not.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West
12th Street, New York.

References in this department are made by number. (See issues of
January or December each year.)

Cantharis.

A. S. Tuchler, M. D., in The Cal. Med. Journal, believes this old-fashioned drug has some qualities which will bear a little further study, and calls attention to a few salient points of its medical properties and uses.

It has a specific action on the urinary and genital organs. Its specific action is best shown in relieving vesical irritation which may persist after the inflammatory condition has subsided; the desire to urinate is frequent and the amount small in quantity, although the urine is normal in reaction, etc., there is usually no burning pain; there may be a cough, every effort of which causes the urine to be voided. For this condition ten to thirty drops of the specific medicine, cantharis, to four ounces of water, one teaspoonful every hour, will give our patients surprisingly quick relief when all else will meet with disappointment.

It is also a powerful stimulant to the sexual apparatus, especially in the aged, where there is seminal weakness with a frequent desire to urinate. Its use here is in from five to ten drop doses in a wineglass of water three or four times a day.

It will not be wise to increase the dose as herein specified, as it will result in erotic excitement, strangury, irritation of the alimentary canal and urinary organs.

[We agree as to the indications for this remedy, but believe better results would follow its administration in the homeopathic attenuation.]

Mercury in Syphilis.

Dr. C. D. Collins³—mercury acts powerfully upon the skin, and is indicated for dirty yellow, rough, and dry eruptions and coppery red spots on the skin. Papules which tend to suppurate, superficial ulcers, boils, carbuncles, sore and chafed skin with acrid discharges are illustrative of its action; likewise the tissues become similarly affected, even necrotic, and the same condition often involves the bones.

These symptoms, briefly enumerated, are only to show you the striking similarity between the symptoms of mercury and the disease. Of the various forms of mercury and its combinations there are five forms of the drug chiefly in use by the homeopathic school. Merc. cor. is best used in the early stage; used in high potency as a prophylactic; used during the chancre stage; chancres which are progressively destructive; mouth lesions with acrid salivation, gastric and

abdominal disturbances, with diarrhea, painful, watery green; syphilitic sores with foul, acrid, irritating discharges. Merc. sol., inherited syphilis, destructive changes in bone and cartilage in children with inherited syphilis; dirty skin lesions which suppurate and ulcerate; slow glandular inflammations tending to suppurate, anemia in tertiary syphilis; snuffles, in children, with sunken nasal bones. Merc. vivus, syphilitic lesions tend to bleed easily; hemorrhage from nose, mucous patches, etc. Merc. biniod., excessive glandular enlargements at any stage; protracted cases, more often used in tertiary stage than in secondary; syphilitic headaches, worse at night; morose and crabbed; sore throat, restless sleep after midnight; protracted chancre with much induration. Merc. protiod., is probably the most usually adopted form of mercury by all schools, for it is less irritating to the stomach and may be continued indefinitely without harmful results. Maculo-papular rash of second stage, mucous patches and condylomata, syphilitic fever, aching in bones and back, heaviness of limbs, worse at night, are its prominent symptoms. Its chief period of usefulness is during the secondary stage.

The question of dosage is not altogether unimportant, as loss of time may result from insufficient dosage, and irreparable harm is sure to follow its excessive use. In adult cases I have a preference for triturate tablets in the 3x for all of the mercuries. Should I chance to use the protiodide, I frequently use the 2x if satisfactory results are not attained by the former. In children the potency which suits me best is from 3x to 6x.

Spigelia.

Dr. Wm. Boericke,¹⁴ The Pains of Spigelia.—

1. The character of the pain is usually of a darting, stabbing character.

2. It is especially beneath the frontal eminences, or temples, extending to the eyes, so he cannot turn without pain.

3. The eyes feel too large for their orbits—the intense pressive pain in them is especially noticed on turning them.

4. A similar pain in the cheekbones, lower jaw, extending to region of ear, again worse from motion.

Now, we infer from these symptoms that hyperæsthesia of the filaments of the fifth pair of nerves is one of the most prominent symptoms of spigelia, and because it produces such a condition and symptoms as I have given you in part, we are justified in administering this remedy for similar conditions and symptoms when found in disease. And we are not disappointed.

Neuralgias.—It is the remedy for semi-lateral neuralgia, involving the eye, chiefly the left side. The pain centers on the eye, prosopalgia, involving the eye, zygoma, cheek, teeth, and temple,

worse from any motion, jar, and noise. Pain recurs at regular intervals and is aggravated by the least concussion or motion, but especially stooping, making a false step, and is associated with pale face, restlessness, or palpitation. It is relieved by firm pressure, subsequent swelling, and soreness of parts affected.

The Headache.—Neuralgic headache beginning generally at one point and radiating in different directions, sometimes beginning in morning and ending in evening. The least touch on any part of the body sends a shudder through the whole frame. It is a general nervous erethism and excitement and intolerance of pain that characterizes spigelia. Toothache with palpitation of heart. Darting, stabbing pains, whether in face, heart, arms, extending down to third or fourth finger, or palpitation, always indicate spigelia.

The Sulphur Child.

W. R. Andrews, M. D.:¹⁵ if the child comes in to the world poorly nourished and very early shows that he is a poor sleeper, easily awakened, cries a great deal, seems to have colic, is always hungry but does not thrive, sulphur is first to be thought of.

If a rash develops, child is constipated, or has diarrhea, with redness about the anus, I am more strongly impelled to sulphur. If this redness about the anus changes to rawness, with excoriations in the folds of the skin, I cannot escape the sulphur decision.

As the sulphur baby becomes old enough for extended observation, he will be found to have rough, harsh skin, which is prone to excoriations wherever two skin surfaces come in contact; he develops pimples, which may become vesicular or pustular, and which itch much, but scratching causes burning and soreness, so the child continues to suffer even after scratching. These skin symptoms are not improved by any amount of washing. In eczema capitis and kindred conditions, if sulphur is indicated, the odor and appearance of the scalp or skin may be such that the cleanly mother is often distressed for fear the physician will think she does not properly wash the child. Washing is abhorrent to the sulphur patient, particularly if a child, and the skin symptoms are rather aggravated thereby.

Tuberculin.

Dr. J. H. Hallock³² gives some valuable hints as to the use of this remedy.

The rules for using it are as follows: Secure a reliable preparation of the article. Ascertain by test that the patient has tuberculosis, then commence on alternate days and for the first few days use but one milligram, then gradually increase to three. This amount is never sufficient

to produce a reaction. After two weeks begin to increase again until a point of tolerance is reached, then continue for a number of weeks or until your disease is arrested. The object is to secure a slow tolerance.

For veterinary practice tuberculin is furnished diluted ready for use. For human practice it is sent out in the concentrated product, and is to be diluted with five hundred times its bulk of lukewarm water.

This remedy appears to do its best work in lupus and scrofuloderma. In tuberculosis it is only recommended in the very early stages, when a large percentage of cures are claimed. But at this stage we can cure a good percentage of our patients with means much less objectionable, and until a much larger percentage of cures are reported, and those from among patients where tissue changes have taken place, the most of us will be slow in taking it up.

Baptisia Tinctoria.

Dr. Frederick Kopp, of Greenwich, N. S. W., has succeeded in developing, during a recent proving of the mother tincture of this drug, some very striking head and throat symptoms. These may be found recorded in the July Homeopathic World. The author offers some therapeutic deductions that are quite valuable. The baptisia is indicated in the drowsiness and stupefaction peculiar to typhoid fever. It is strictly homeopathic to the "wild" feeling so common in this disease, and also to that peculiar headache which always precedes it. In headaches generally affecting the occiput it is a prime remedy, especially if the pain is accompanied by great heaviness of the head, sharp pains over the eyes, and a dull, confused, stupid feeling all over the head. In catarrhs, accompanied by dull pain at the root of the nose, it must be added to our list, as it is a very reliable remedy here. In fevers, baptisia has been used with great success for the deafness or dullness of hearing so common. In that complaint known as stomatitis materna, peculiar to feeble women, it cures promptly, especially in those cases marked by offensive breath. This author uses either the mother tincture or a low dilution. Dr. O. S. Haines, in Hah. Mo., comments on this as follows: "We notice, in the proving above referred to, several peculiar mouth and tongue symptoms which may prove to be of some utility. Thus, 'sensation as if tongue had been burned;' 'sensation as if tongue had been scraped;' 'dryness, smarting and burning in tongue,' and many more of a somewhat similar character. Now it is quite common to be consulted by patients past middle life who suffer from such tongue symptoms, and in whom no distinct pathological condition can be determined. We shall be interested in adding this remedy to the iris, arum, capsicum and others which have already proven to be dependable."

CURRENT COMMENT

By **SHELDON LEAVITT, M. D.,**
Prof. Gynecology Chicago Hom. Med. Col.

Consolidation of Medical and Surgical Educational Interests in Chicago.

In the August number of the Medical Era the talented editor puts forth a scheme of astounding proportions, comprising a consolidation of all medical and surgical educational interests of both schools of medicine. There has been some talk of a unification of homeopathic institutions, and two distinct efforts have been made to accomplish this during my college experience. But it soon became evident to the promoters that the "stone of stumbling" was too heavy easily to be moved. My own opinion is that blasting alone will compass its reduction.

The editor, after disclaiming its parentage, characterizes the scheme presented by him as "a conception worthy of one of the brightest minds in the profession." And so it is; but we cannot escape the conviction that it is made of dream tissue.

What is this scheme? There is not room to give it in full, but I can summarize its essentials.

There must be a great merger of medical colleges, a combine of separate colleges into one great teaching institution, a movement in consonance with the spirit of the twentieth century. All the proposed colleges should be in affiliation with the University of Chicago, and under its governmental power. . . The medical professors and other instructors should receive adequate and liberal salaries, so that their time and talents should be devoted primarily to their educational duties. . .

"Let one great college be devoted exclusively to the teaching of surgery, another to that of general medicine, others to the various specialties, and another to the teaching of homeopathic materia medica and therapeutics. Let all students be compelled to pursue a course and obtain credits in all the different schools, including, of course, the homeopathic department. Let there be one central examining body, which should be an integral part of the faculty of the University of Chicago, which alone should have power to issue diplomas and confer the degree of M. D. Let the course of instruction in the various schools be divided into semesters, which should continue throughout the whole year."

I would to God that such a plan might be made practical, and I should cheerfully step out of the way to see it executed; but my knowledge of medical matters in Chicago teaches me that the scheme is a veritable and incongruous chimera.

Look at some of the formidable obstacles:

1. Old-school opposition.
2. Heavy incumbrances on the property of the two leading homeopathic schools.
3. Rule of the University to receive no medical institutions, with heavy debts, into affiliation.
4. Unwillingness of stockholders to sacrifice their holdings to what might be construed to mean the general good.
5. Petty jealousies of rival teachers.
6. Opposition and non-support of the bulk of homeopathic adherents outside of Chicago.
7. Difficulty of convincing those not let in "on the ground floor" that it would be a desirable move.
8. Difficulty in finding competent instructors willing to forego the better emoluments of practice.

No! no! this will not work. But a unification of homeopathic interests in Chicago is quite within the limits of possibility and ought to be accomplished. One resolute, tactful, influential and persevering man could accomplish the task. Who will undertake it?

The Romance and Tragedy the Physician Sees.

Sir Frederick Treves has spoken wisely and truly of the romance of medicine, viewing the subject from the standpoint of the physician's own life and discoveries. It has always seemed to us surprising that this fact has not been more emphasized, but that which is of the supremest importance to men and women is, by an old law of progress, precisely the last to which attention is directed. More wonderful, however, than this aspect of the physician's life is the fact of the tragedies, comedies, and romances of which he becomes the spectator. No one is allowed to see so deeply and frankly into the hearts of people, into the very heart of the world, as he. By the nature of his calling there can be no secrets kept from him, even if desired, and the strange longing of the human heart for a confessor becomes an aid in the revelation which even to the priest can never be quite so complete. In these days when novelists spend half their lives in seeking "local color" and a knowledge of the realities and conditions of the lives of their fellows, it is remarkable that they have so little sought the sad, the bright, the true truth of life, which presents itself every day to the kind and conscientious doctor. There is more romantic

and tragic material here going to waste—so far as relates to chronicling—than all the literature makers are finding elsewhere. This concerning the *Dichtung*, and when it comes to *Wahrheit* no historian or psychologist has yet dreamed of the extent to which consciously or unconsciously, directly or indirectly, sickness dictates and dominates the actual lives of nearly every one of us.—American Medicine.

With adequate literary training, physicians of experience readily become good novelists. They have an unequalled fund of romance and tragedy upon which to draw. Every doctor has had startling experiences, which in solitary setting would prove most interesting, but which could be woven with better effect into the plot of a novel. I have often been tempted to try my head and hand at the task, but have hesitated because it is truly a task to develop a narrative worth the reading.

The physician, and particularly the family physician, as most of us are, or have been, comes nearer the "true inwardness" of real life than even the minister to whom troubled souls are supposed to go for advice. People tell us all their hidden experiences, and trust most implicitly in the wisdom of our advice. If you would know the true character of a community, or of an individual, consult the physicians thereof, for they have had peeps behind the scenes denied to all other mortals.

People cannot go very deeply into badness of any sort, as a rule, without suffering physical effects which drive them to the physician; and to him confession is usually made. A very devil is apt to become penitent and communicative under the stress of illness. The strongest minds give way to the depression of physical ailment.

It is surprising, as our editor says, that so much valuable material for story, so much priceless "color," is left to waste.

On the Training of Children.

One grave error in training, to my mind, comes from a mistake in placing the emphasis on care by parents. The tendency seems to be to emphasize constantly the protection of the child from troubles, trials, and temptations. We are apt to forget that no human being can possibly go through life without meeting these. It would seem far wiser to emphasize in the training an inherent power to overcome, to minimize the effects and influences of these trials, troubles, and temptations. A trial is no greater to one person than to another, except as the one is better able to meet and overcome it or combat with it. . . Self-

control is another factor of first importance. Develop through self-control in every man or woman and the neurologist will not be needed. I do not mean to be understood as saying that there would not be any neurological cases, but that there would be so few of them.—Dr. N. B. Delamater, in *Hom. Jour. of Obstetrics*, July, 1902.

Dr. Delamater is a specialist in nervous diseases, and this fact accentuates to me the practical article from which I have made the foregoing excerpts. He voices my own opinions in most emphatic language. It is a pity that the article will be read only by practitioners of medicine; it ought to be read also by parents and instructors everywhere.

The mind of the child has been said to be "like a sheet of white paper, on which, by education, we can write what characters we please." While this doctrine needs qualification and correction, it is in great measure true. If we begin early and labor assiduously, patiently, and wisely, we can make of a child of ordinary capacities almost what we will. The effect of training the natural tendencies, both mental and physical, has been repeatedly demonstrated.

But methods are not altogether harmonious. They may be roughly classified into the protective and the disciplinary. By the protective method I mean that which aims to keep a child pure and strong by carefully hedging him in from the various vices which abound. This is the ordinary mother's plan. Her darling must know that there are bad things all about, but concerning their nature and appearance he must know nothing. And her aim through life is to preserve him from contact with the teeming multitude. But, unfortunately for the success of her plan, a time comes when her boy, or girl, perhaps on attaining mature years, wholly unsophisticated, is suddenly brought into contact with this terra incognita, and, usually, to his or her detriment. Finding it full of allurements, in many respects seemingly unlike what it had been represented to be, he falls more or less, for a time, under its pernicious influence.

The other method, the disciplinary, contemplates an early exposition of every feature of life, and a careful training, through actual contact with it, with a view to self-mastery.

Now, someone will say that this has reference to the moral aspects of life, and hence is irrelevant. Not so, my friend, for we are to remember that moral development should not only proceed coincidently with physical development, but that to

secure the highest type of physical health it must precede it. What I here mean by moral development is the growth of the power of self-control,—the ability to do as one will, whether the self-prescribed course be consonant with one's inclinations or the opinions and wishes of others, or not. To be physically and mentally well we must learn to dominate self. This does not mean that we are to deny ourselves on all occasions; it means merely that we are to set rational bounds to all our indulgences, and preserve the power to maintain them. I believe Dr. Delamater keeps within the limits of truth when he says, "Develop thorough self-control in every man or (and) woman, and the neurologist will not be needed." With my knowledge of what can be done by proper exercise of our inherent powers,—psychic powers, if you choose to call them such,—I would go still further and say, Develop thorough self-control in all people, and, ere long, there will be no demand for drug medication. We commonly fall into illness through weakness. Unwisdom is weakness. Immoderate self-indulgence is weakness. Fear and its associates, Worry and Anger, are weaknesses. Only the self-poised and self-reliant are strong. The truth is that our physical organisms are children of the mind, and can be brought under marvelous control by means of disciplinary training. Try it, my medical brother, and report progress.

*Gastro-Enteritis in Adults, with a Few Points for Differential Diagnosis.**

J. T. CARTER, M. D.

The term gastro-enteritis conveys to our minds the idea of an inflammation of some part of the mucous membrane of the alimentary canal, from the stomach to the anus.

It presents to us considerable variations, in regard to parts involved and the coats implicated.

Apart from any special affection, as typhoid fever, we have to consider acute enteric catarrh, or muco-enteritis, a local enteritis involving all the coats, duodenitis, typhilitis or perityphlitis, and chronic intestinal catarrh.

The acute affection is generally due to some direct irritation of the stomach or intestines, a chilling cold, irritating foods, or some unnatural ingesta.

Irritant poisons give rise to more severe inflammation. An intense local form of enteritis follows obstruction of the bowel generally, and

also, we may have it from extremes of inflammation, with or without ulceration.

In duodenitis there is usually an extension of inflammation from some gastric irritation, and duodenitis is especially liable to follow severe burns or scalds, and may be accompanied by ulcerations.

Typhlitic and perityphlitic conditions are generally due to a lodgment of some substance, as hardened feces, or a foreign body, in the region of the ileo-cæcal valve, or the vermiform appendix. In chronic cases, with trouble at this point in adults, we may look for a growth, probably cancerous in nature. Ulcerations may follow this impaction or obstruction, and it all gives rise to symptoms of severe enteritis.

Chronic catarrh of the intestines is usually a result, and remains as a result, of repeated attacks of the acute trouble, or it may be from the constant action of a local irritant.

The subject-to-night may apply to a diffuse inflammation, which pervades the stomach, small intestines, or large bowel to a greater or less degree. This covers three classes of diseases or irritations, many of the stomach, more involving the small intestines, and the tract of the large bowel, and to each of these may be given several sub-divisions, by which a more concentrated or local diagnosis may be made and treated, sometimes not easily located, on account of the parts being reflex irritators, and this has its effect.

The physiological action of nerve reflexes must be understood to prevent errors, as well as the chemical action of foods and digestive ferments for results.

In enteritis we may have a mild catarrhal condition, or that of an intense character, or any grade of inflammation between, even to Asiatic cholera in its true form.

This, from the results of a slight cold or chill, in consequence of a welcome or unwelcome draught of air, is the result of an infectious or contagious trouble.

In adults the conditions are more readily noticed and diagnosed. We may have here functional diarrheas, non-inflammatory in character, inflammatory diarrheas with symptoms of toxic systemic infection as entero-colitis, or to the systemic infection we may have added an acute local infection, as acute ileo-colitis. We do not find as many cases of enteritis in adults as in children. In a general way the causes are somewhat different in the adult. They are more liable to be affected by exposure to weather, the rapid changes in temperature when unprepared, improper or decomposed food in some form, improperly cooked food, spoiled milk, unripe or overripe fruits or vegetables, and mistakes in the nature and character of the vegetable or plant partaken of.

These all act as irritant poisons. Other causes are from diseases infectious or malignant in character, extensions of inflammation from other

* Cleveland Homeopathic Society.

parts, troubles incited by diseases of heart, lungs, or liver. All these may contribute their share toward a gastro-enteritis.

We thus see that enteritis may be a symptom of certain infectious diseases through their specific poisons, and may produce an effect, from that of an apparent innocent diarrhea to dysentery, cholera, typhoid fever, and possibly meningitis.

The cardinal symptom of enteritis is diarrhea, and it may involve more or less the whole alimentary tract, and depending on its severity and location, we may have from three to fifty or more stools per day.

Pain, next to diarrhea, is most noticeable. It is usually colicky in character and varies in its intensity. Intestinal tenderness is also present. There may be some distention from gas.

Thirst we generally have, on account of the free discharge of watery fluids.

Fever is slight, or at most but one or two degrees. If higher, it indicates a possibility of a specific or special disease of the gastro-intestinal tract.

Appetite is usually not changed at first, but later, in severe or long-continued troubles, it becomes variable, or fails.

An idiopathic diarrhea does not exist, and this is a cardinal point to remember.

There is always a cause, and to ascertain this, to remove it, if possible, is our duty. In some chronic cases it can only be corrected or held in check to prolong life.

As I have said, diarrhea may be a symptom of many diseases, and only by careful investigation we are able to place them aside, and attribute the cause to something else. We should know whether the disease is prevalent in the neighborhood. The condition of the water supply, sewage, the location of residence, are to be considered; the work the patient is engaged in, the hours of labor, the sleep and rest obtained, character of food taken, as they all contribute toward the end in view, the health of our patient.

In enteritis, look to the urine, whether it be scanty or not, also to the condition of the tongue. Scanty urine, thirst, and furred tongue are symptoms of the most common form of enteritis in the adult, namely ileo-colitis.

A differential or local diagnosis may be made in some cases. If the duodenum alone is infected, constipation supervenes instead of diarrhea; this, of course, is accompanied by tenderness and some pain, with gastric symptoms, as nausea and vomiting. This constitutes a gastro-duodenitis, and to establish the duodenal involvement there must be the presence of jaundice, indicating the bile-duct complication.

Usually the stomach symptoms obscure the duodenal conditions, unless jaundice appear markedly.

In enteritis of small intestines, when the jejunum and ileum are involved, there may be

absence of marked diarrhea, but we have the presence of colicky pains, rumbling of gas, some distention, and tenderness over the area of the small bowel or where their bulk lies; also passages of undigested food or unchanged bile, a small amount of mucus, and on account of the nature of the secretions, there is apt to be a large passage at stool. Here we are likely to have pains, before especially, and some with the stool. Undigested food and bile coloring matter are two characteristic findings of catarrh of these parts.

When the colon is involved, we have considerable pain, more in the line of the colon. We have marked diarrhea and great tenderness in tract of the large bowel.

The stools are like soup, with very perceptible or large quantities of mucus. This indicates much inflammation in the colon. If we have trouble lower down in the bowel, we have with it tenesmus, severe and painful, and a very considerable quantity of mucus or pus, with possible blood discharges, especially in intense troubles.

The duration of enteritis in adults is from three to ten days in acute affairs. Enteritis is generally distinguished from typhoid fever by its brief duration, the absence of much fever, or the absence of a typical typhoid fever temperature curve, the spleen enlargement, rose-colored eruptions, tympanites, and characteristic tongue indications.

The presence of diarrhea, when there is absence of the rigidity of the abdominal muscles, and lack of distention of the bowel by gas, will usually contra-indicate the presence of peritonitis, although many cases show severe peritoneal symptoms when there is sufficient irritation.

We have retraction of the abdomen in gastro-enteritis, when there is severe vomiting, and if much tenderness and rigidity of the muscles is associated with it, we may look for the early appearance of peritonitis.

Chronic enteritis as said before, is from the repeated attacks of the acute form, or dysentery repeated, or from obstruction of portal circulation, or hepatic cirrhosis.

Symptoms are a chronic looseness of the bowel, or it may alternate with constipation, especially if the colon is the part mostly involved. Colicky pains, infrequent abdominal tenderness, stools undigested show the small intestines most interested.

If the colon, the stools are fluid and mucus, with much tenesmus, and this state of affairs may continue in these chronic cases with varied results until symptoms of anemia occur. Emaciation becomes prominent, and the patient becomes mentally depressed or hypochondriac. Complete recovery is rare, but life may be prolonged. As a general observation of these troubles, the lower down toward the rectum the inflammation occurs, the more we have a secretion of mucus and a tendency to tenesmus.

The inhalation "Consumption Cure" Fraud.

BY W. B. CLARKE, M. D.,

Indianapolis, Ind.

"County papers please copy."

It is high time that the members of the medical profession, irrespective of "schools," should unite in a determined effort to enlighten the laity of their respective localities regarding the flagitious fraud and positive danger lurking in the now so freely and speciously advertised cures for consumption by inhalation, which are so modernly overrunning the country, especially the West. They are springing up everywhere, Indiana being a favorite field, one pompous "specialist" alone having "promoted," and then sold out three of them. The more prominent ones of this class are at such places as Indianapolis, Terre-Haute, New Albany, Columbus, Farmland, etc., and are called all the way from Inhalatoriums and Depurator institutes to Inhalation parlors, cabinets, etc. The plan is simply a nebulizing apparatus connected with a glass-sided cabinet into which the patient goes to sweat, and incidentally breathe, through a common, or commonly used, tube, pressure air impregnated with the fumes or vapors of creosote, turpentine, eucalyptus, *et al.* A Los Angeles fakir gathers all his "chickens" into a room several times a day and then fills the room with a choice assortment of microbicidal vapors. Still another concern, with "branches" in New York, Philadelphia, Chicago, Buffalo, Boston, Baltimore, Washington, Rochester, Cincinnati, and Asheville (as advertised), actually claims to cure consumption with "Koch's Tuberculine, by the inhalation process"!

It is true that the inhalation idea is a very plausible, even fascinating, one, particularly to the laity, especially when their homespun family physicians confess their inability to cure consumption and some oily-tongued, well-dressed "specialist" tells them how easy it is—"simply putting the medicine to the seat of the disease, as we do, and not into the stomach, as other doctors do." I worked with the idea a long time myself, a dozen years ago, using freshly generated oxygen, with medicaments (*à la* Starkey and Palen), and the genuine pneumatic cabinet, long enough to prove their almost utter worthlessness in consumption. This subject was discussed a little in the Indiana Institute of Homeopathy meeting last May, Dr. Sevringhaus of New Albany declaring that the institution at his city was hastening the death of its patients by the severity of its medicated breathing exercises. This was right in line with the masterly argument for rest for a diseased lung made in the severely classical essay by Dr. Bridges, last spring, in the Journal of the American Medical Association, a most valuable con-

tribution to the literature of the subject of the proper treatment of such cases that all interested along this line, even visitors to "the City of Desperate Hope" themselves, should read.

It is not my desire to write further on this subject at this time, wishing to be brief myself, in order to obtain space for the vigorous, timely, and important utterances that follow:

"Of all forms of quackery the most heartless is the exploitation of advanced cases of tuberculosis by advertising consumption cures. The patient should be cautioned against the mercenary shark who seeks to delude his victim by extravagant promises and a thaumaturgic display of paraphernalia—elaborate cabinets, complicated inhalers, nebulizers, and the like. A dispensary patient recently paid twenty-five dollars, money much needed by his indigent wife and children, for a so-called electrical examination, which consisted in standing him on an insulated stool and giving him a few shocks of electricity."—Henry L. Shively, M. D., Pres. Hosp. Disp., N. Y., in N. Y. Med. Jour., March 8, 1902, p. 405.

Karl von Ruck, M. D., the justly celebrated lung specialist, of the Winyah Sanitarium, Asheville, N. C., and editor of the pretentious quarterly Journal of Tuberculosis, in a personal letter, November 6, 1901, writes: "I am not acquainted with any full and complete experimentation in regard to the action of antiseptic vapor upon tubercle bacilli, and in my opinion it would be most difficult to prove its value, even though some influence should be shown upon those bacilli which are present in the expectoration of patients." After a sentence regarding injections, in connection with antiseptic vapors in the lungs, he concludes: "I have, some years ago, conducted such an investigation, to a degree that I felt convinced that nothing of material interest would come out of it, and it was therefore abandoned."

Last spring I wrote to Dr. W. J. Morton of New York (the distinguished son of a more distinguished father, Dr. W. T. G. Morton, the discoverer and introducer of humanity's greatest boon, anæsthesia), asking his idea of the action of fresh ozone on pulmonary tuberculosis, and he replied by letter that it was *nil*—that it would even be absorbed by the tissue before reaching the diseased surfaces.

In the very pretentious "The Treatment of Pulmonary Consumption," by Drs. Beale and Harris, of the London hospitals (Gower, London, 1895), after a history of the use of inhalants, we read regarding medicated vapors: "The obvious criticism of this method of attempted introduction of antiseptics into the lungs is, first, even if the volatile drug penetrates into the ultimate air sacs, which is possible, it cannot penetrate into solid tissue, or into tissue rendered solid by tubercle [or into diseased tissue between air cells]. The second objection is that the drug, even if it should come in contact with

the microbes in the diseased area, would not be sufficiently concentrated to produce a germicide effect. If, therefore, this mode of treatment is suggested as a cure for the disease, it is one upon which little reliance can be placed."

In Dr. J. H. Tyndale's "Home and Climatic Treatment of Pulmonary Consumption" (New York, 1882), we read: "Inhalation of remedies for diseases of the inhaling apparatus appears very plausible to the public, and hence quackery has disported itself in connection therewith. In my opinion these gymnastics are of circulatory and functional value only to the non-infiltrated portion of the lung. Do not expect any form of inhalation to kill the bacillus of tuberculosis in the lungs and in this way bring about a healing of the disease. Consumption is not a local, but a constitutional disease, and the most effective inhalations (except possibly oxygen gas) cannot exert more than a local benefit."

In Dr. E. B. Foote's (New York) "Plain Home Talk," we read: "A disease of the pulmonary organs was never radically cured by medicated inhalation. . . [Reasons given.] Consumptive invalids who resort to inhalations for relief, as well as physicians who practice on that system, lose sight of the important fact that consumption of the lungs and bronchitis are only the effects of other derangements of the system. It is unnecessary to occupy space with an argument to show how certainly even a convalescent consumptive must relapse when *effects* are treated and *causes* left undisturbed."

Dr A. F. Reinhold of New York, in his book on consumption, says: "By means of the inhalation method the previous expectoration is increased; in other words, by this process the lungs are transformed into a worse form of artificial eliminating organs than they already were."

There is little for me to add, except to urge the utmost publicity in the matter. While the above quotations could be much extended, it is not necessary here. While there is little in the foregoing that physicians do not know, there is much, very much, in it that the laity do not know, and that it is the duty of the profession to assist in making them acquainted with, hence the little facetious funeral-notice-quoted line just preceding my opening paragraph.

A strong workingman may easily become a victim of the "caisson disease." He goes down under a bridge pier in compressed air, which causes an unnatural distention of the air cells of the lungs. On his return to the upper air partial paralysis of certain respiratory muscles often sets in, and frequently hemorrhage occurs. In like manner, while the conditions are different, sick, weak, and diseased-lung patients, it is more than reasonable to aver, are often severely injured by the cabinet and pneumatic poison-laden respiratory gymnastics prescribed and carried out under the immediate direction of those quackish "specialist" inhalation manipulators.

And the pity of it is, that these "joints" are rapidly multiplying in the land, some on a Munyon or Pe-ru-na-Hartman scale, with no one in the medical profession to call a halt—that is, in the popular way necessary to reach the people.

♦ ♦

*Tinctures or "Fluids"—Which?**

BY JOHN M. WYBORN, F. C. S.

A recent writer in The Hahnemannian (Edward A. Bender, Ph. G., Philadelphia) discredits the "almost superstitious belief in the superior efficacy of the old pharmaceutic products," including, of course, fresh-plant tinctures. "At present," he asserts, "the tendency on the part of leading therapeutists is toward the use of alkaloids, active principles, rather than continued use of the inexact, often faulty, solutions of the drug."

The "new class of liquid preparations called fluids" are the ideal representatives of the vegetable drug, not the green-drug tinctures; so he would have us infer. These "fluids" are solutions of dried plants in ninety-five per cent. alcohol, in the proportion of one part of the plant to two parts of alcohol.

Dr. So-and-so "tells" him that a tincture of digitalis prepared according to the method of the homeopathic pharmacopœia is utterly unreliable when given for its physiological effect; and in the case of gelsemium, Messrs. So-and-so, themselves manufacturers of a green-drug tincture (and, it may be added, specialists in the preparation of the new fluids), made a careful investigation into the matter, and it was proven to their satisfaction that a preparation made from the dried drug was not only quite as active, but was more uniform in its strength and results.

Are these statements entirely borne out by the facts? Let us first take a familiar example of a drug universally employed in the dry state, though, as a seed, possessing the vital germ, with its albumin and other ingredients, provided for its sustenance, unimpaired.

The fluid (liquid) extract of *nux vomica* prepared as directed in the British Pharmacopœia, 1898, will yield, without the shadow of a doubt, when submitted to chemical action, 1.5 gram of strychnine from each 100 c. c. of liquid at 15° C., showing that 1 gram is dissolved in, or is obtained from, 67 c. c.

Now let us try and re-dissolve this strychnine in cold alcohol of any strength. We shall find that 67 c. c. are utterly incapable of effecting the solution of 1 gram, and according to Squire, its solubility will be 1 in 160 of alcohol, 90 per cent.; about 1 in 400 of alcohol, 60 per cent.; 1 in 300 of absolute alcohol.

* Mo. Homeo. Review.

Hence it is clear that the strychnine did not exist as such, or uncombined, in the fluid extract. Other substances must have been united with it to render it soluble to the extent of 1 in 67.

In the case of bitter almonds or the fresh leaves of cherry laurel similar combinations exist, and it is only by means of heat or chemical action that prussic acid, their supposed active principle, can be separated from them. It would be easy to separate hydrochloric acid by similar chemical means from salt beef, and as well might this acid be declared to contain the virtues of that article of food.

Such being the case, we may fairly infer that the medicinal action of the active principles supposed to represent the properties of the seeds of *nux vomica* and of other trees varies in a corresponding degree, when thus artificially obtained, from that of the natural group from which they are extracted.

So much for the alkaloids as representatives of the drugs they are derived from.

It is, however, between fresh living plants and their dead dried substitutes that the difference becomes most marked. In the animal organism the formation of cadaveric alkaloids and poisonous albumose quickly follows death, and it is therefore not surprising that similar changes, and the loss of volatile acids and active ingredients, should occur after death and during the drying of the fleshy roots, stems, etc., of plants.

To cite only one instance—that of the genus *Anemone*, including *pulsatilla*.

Beckurts (Chem. Centr., 1885, 776-778, and Arch. Pharm., 230, 182-206) has shown that several species of *anemone* owe their acrid taste to the presence of *anemone-camphor*, which has a powerful irritating odor and a vesicant action.

This readily decomposes during the drying of the plant into *anemonin* (*anemonic anhydride*) and *isoanemonic acid*, the latter being insoluble in water, alcohol, and ether. To this decomposition he ascribes the loss of acidity in the plant when kept, and in the pharmaceutical preparations of *pulsatilla*. Other volatile constituents of the plants were obtained, which, when recovered from the distillate, took the forms of *anemonic* and *anemoninic acids*. The experience of those who have carefully studied and compared the results obtained respectively from the fresh-plant and dried-plant tinctures of *pulsatilla* tallies with these researches of Beckurts, and, were it necessary to multiply instances of the kind, numerous examples are available.

The question for the homeopathic physician must always be—not "What is the most active and definite preparation?" but "What is the best representative of the substance used in the proving which yielded certain groups of symptoms?"

It has been evidently shown that this is not usually the alkaloid, "fluid," or dried-plant tincture, in cases where the fresh living plant or its essence or fresh-plant tincture has been so employed.

Worth Remembering.

Hiccough is often arrested by red pepper tea taken as hot as possible.

Saturate blood stains in kerosene and let stand a time, afterwards wash out in warm water.

Flatulent colic, common to pregnancy, frequently relieved by full doses of tincture of cinnamon.

Twenty drop doses of *hydrastis can.* four times a day said to be a specific in the vomiting of pregnancy.

In cases of disordered stomach, when it will retain nothing, the thirst can generally be quenched by the giving of an enema consisting of eight ounces of lukewarm water.

Red-glass windows, and red-glass globes to lamps are said to minimize the danger from pitting in smallpox, it having been discovered that the skin of the smallpox patient is extremely sensitive to the violet-colored rays of light.

"Professor, what effect does this drug have on the pneumococcus?"

"I don't know what effect it has on any coccus, but I know the effect on the patient. When you have practiced medicine as long as I have, young man, you will not think so much about effects on microbes."

In *gonorrhœa*, says Broadnax, I give by the mouth, one drop, three times daily, of carbolic acid, increased every three days one drop until the urine becomes clouded; then reduce by same proportion back to one drop t. i. d. With this he uses carbolic acid, ten drops to an ounce of water, half-syringeful, by injections, three times a day after urinating. Usually cures in fourteen days.

General Indications.—Swelling under the eyes, grayish, white, or waxy color of skin, denote granular disease of kidneys. Swelling of the labia on one or both sides will accompany inflammation of the kidney. Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes. Pain referred to the meatus urinarius is sure to be the result of cystitis, prostatitis, or nephritis. Pruritus ani is often the result of prostatic disease. Pain or numbness in the outer part of the thigh denotes some disturbance of the sexual organs in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary; in males, on irritation of the lumbar or sacral nerves. Pain in the heels of females may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of uterus or fallopian tube.

The Face as an Index.—Incomplete closure of the eyelids, rendering the whites of the eyes visible during sleep, is a symptom in all acute and chronic diseases of a severe type; it is also to be observed when rest is rendered unsound by pain, wherever seated. Twitching of the eyelids, associated with the oscillation of the eyeballs, or squinting, herald the visit of convulsions. Widening of the orifices of the nose, with movements of the nostrils to and fro, point to embarrassed breathing, from disease of the lungs or their pleural investment. Contraction of the brows indicates pain in the head; sharpness of the nostrils, pain in the chest; and a drawn upper lip, pain in the abdomen. To make a general rule, it may be stated that the upper third of the face is altered in expression in affections of the brain; the middle third, in diseases of the chest; and the lower third in diseases of the organs contained in the abdominal cavity.

The Cry of the Child.—In the diagnosis of diseases of children the closest observation possible is essential. It is necessary to note every expression, every muscular movement. The cry, the respiration, and many appearances are indications of importance in the diagnosis of obscure cases. The cry of a child has more in it than a careless observer would suppose. In some cases of croup, the condition actually develops without cough. In these cases the cry will suggest to the physician the actual condition. It has a peculiar metallic sound, is uttered with unusual force, and is followed by a crowing inspiration. This crowing inspiration will often be observed forty-eight hours before the cough is particularly croupal in character. The sharp, quick, sudden cry, or the scream when the patient is in apparent health, or when awakened out of sleep, indicates an acute cutting pain. If attended with tossing of the head, with pulling at the ears, will indicate earache; if attended with drawing up of the limbs, will indicate colic. Continued, severe crying indicates a persistent cause of pain, which may be located by other indications. A constant worry denotes an irritability such as exists in teething. The cry in pneumonia is severe after an effort at cough, and more or less constant and muffled between the coughing spells when awake, with a little catch at the end of the inspiratory effort in the respiration when asleep. The cry of meningitis, and in every acute inflammation of the nerve structure and in hydrocephalus is a short, sharp cry, preceded by a moment of quiet, with an expression of pain upon the countenance. The pain in pleurisy is evidenced by a sharp cry with nearly every inspiration. In any condition that induces general wasting of the body, there is continual fretfulness, accompanied with moaning, and the effort at crying is as if the patient were exhausted.

The Way We Walk.—A man's foot is larger than a woman's; it is stronger in the ankle and

more powerful in the formation of the toes, especially of the ball of the great toe. When a woman owns a strong, firm, wide foot, many of us experience, perhaps, no sensation of surprise at finding her "strong-minded"; when a man trips along on a delicate little foot, people instinctively believe him to be lacking in power, and often put him down as effeminate. The right foot is ordinarily stronger and more mobile than the left. Most people tread more firmly with the right than with the left foot. There seems to be a greater capacity for propelling the body with it. To the attentive eye, none of the ordinary gestures or movements betray peculiarities of individual character more plainly than the gait—the sailor's rolling, the soldier's stiff, the countryman's jolting gait are immediately recognized. Slow steps, whether long or short, suggest a gentle or reflective state of mind, as the case may be; while on the contrary, quick steps seem to speak of agitation and energy. The proud step is slow and measured; the toes are conspicuously turned out, the leg is straightened. In vanity the toes are rather more gracefully turned, the strides a little shorter, and there is very often an affectation of modesty. Tiptoe walking symbolizes surprise, curiosity, discretion, or mystery. Obstinate people, who, in an argument, rely more on muscularity than on intellectual power, rest the feet flat and firm on the ground, walk heavily and slowly, and stand with the legs firmly planted and far apart. Turned-in toes are often found with pre-occupied, absent-minded persons. The toes pointed and dragged on the ground with slow, measured step, give a pompous appearance. Perplexity occasions irregular steps and abrupt movements. The prudent walk is measured and regular, entirely free from hurry, agitation, or precipitation. The miser's walk is stooping, noiseless, with short, nervous, anxious steps. In joy the walk is lively, for lightness, grace, suppleness, characterize a happy mind, although the walk here is often modified in harmony with the cause of the joy; the joy of gratified ambition, for example, betraying itself by a different outward semblance from the joy of happy love. Disappointment walks heavily and with irregular step. Where a revengeful purpose is hidden under a feigned smile, the step will be slinking and noiseless.

—It gives us much pleasure to note among the attendants at the recent annual session of the British Homeopathic Congress there was present our good friend Dr. A. C. Clifton of Northampton, England. When we last heard from him he was lying very ill and but little hopes were entertained of his ultimate recovery. He said, in some remarks which he made at the recent Congress, that he was fully restored and by one medicine. We truly wish our good friend and brother a full return of his pristine vigor and good health and activities for many years to come.



The Medical Library

By O B SERVER

**Malaria, ihr Wesen,
ihre Entstehung und Verhütung.**

Dr. Fritz Kerschbaumer has succeeded in giving in his handbook a clear, concise account of the parasitology of malaria, its mode of transmission, and the means which can be taken to prevent this transmission. The author states that he has avoided matters in dispute, and it is probably on this ground that he has described only the three species of human malaria parasites now practically universally admitted. He adheres to the term "plasmodium" as the generic name of the human parasites; that of quartan fever he calls "plasmodium malarizæ," of benign tertian "plasmodium vivax," and of autumnal-æstival "plasmodium præcox." The duration of the asexual cycle of plasmodium præcox he describes as variable. On page 5 he gives it as twenty-four to thirty-six hours, and on page 8 as twenty-four to forty-eight hours. We suspect that he would find it difficult to give instances of so short a period as twenty-four hours. He does not sufficiently emphasize the fact that the greater portion of the cycle of this parasite takes place in the internal organs and not in the peripheral blood—an important characteristic of the species. An excellent account is given of the part played by various observers in the elucidation of the malaria-mosquito theory. A considerable portion of his book is devoted to mosquitoes, and the author rightly insists on the paramount importance of a complete study of the entire life-history of these insects. He describes many interesting observations of his own on the life-history of *Anopheles maculipennis*. He gives *maculipennis* in places as an alternative name, but usually employs *claviger* as the descriptive name. As *Anopheles maculipennis* has been clearly shown to be the correct name, *claviger* should not be used. His observations on the classification of mosquitoes might have been omitted with advantage. The matter is for entomologists to decide. Dr. Kerschbaumer greatly underestimates the number of known species of *Anopheles*, which he gives as twenty-seven; quite fifty are known. With regard to prophylaxis, he believes that the diminution in the number of breeding grounds of *Anopheles* is practicable and of great importance, but does not appear to be aware that rivers have been shown to be important breeding ground of *Anopheles maculipennis* as well as of other mosquitoes. The measures he advocates are too strictly based on his observa-

tions of this mosquito to be of general application in districts where other *Anopheles* are of most importance.

L'Art et la Médecine.

Dr. Paul Richer's name is familiar to medical readers as that of one of the founders of that treasure house of graphic representations of nervous disorders the "Nouvelle Iconographie de la Salpêtrière." An artist as well as a physician, he has made a special study of Art in its relation to Medicine, and he has gathered up the fruits of patent and loving labor pursued for many years into a magnificent work recently published in Paris. The story of its origin, as told by the author, is interesting enough to be related here. One day Charcot, who was a man of highly cultivated æsthetic sense and himself no mean artist, being in the church of St. Ambrose at Genoa, had his attention arrested by a painting by Rubens representing an exorcism, which struck him by the absolute truth to Nature of the figure of the woman from whom the devil was being expelled. Every detail might have been taken from the convulsive manifestations with which he was familiar among his patients at the Salpêtrière. From that time the great neurologist, in conjunction with Dr. Richer, who was then his interne, began a series of medico-artistic researches on the grande névrose, the results of which were afterwards published in a well-known work entitled "Les Démoniaques dans l'Art." Later they extended their studies to the representations of other diseases, and deformities in general, to be found among the works of great masters. The results of these further investigations were published in a second volume, entitled "Les Malades et les Difformes dans l'Art."

The main features of these books, together with a vast quantity of new matter from other sources, are incorporated in his new work. Dr. Richer's name stamps it with the authority of an expert in art as well as in medicine. His object has been to show what artists have done in the portrayal of diseases and deformities. For this purpose he has examined paintings, statues, and works of art of all kinds, ancient and modern, and has thus collected a large gallery of artistic representations of pathological conditions by artists of all ages. No fewer than 345 of these are reproduced in the volume. It is impossible to do justice to such a work in a brief review, and we can only attempt to give the reader interested

in the things of which it treats an idea of the wealth and variety of the material which it contains.

The first chapter deals with demoniacal possession, which, translated into the language of modern medicine, may generally be taken to mean religious emotion manifesting itself through a diseased nervous machinery, or hysteria misinterpreted by theological prepossession. Ecclesiastical history furnishes an abundance of detailed accounts of cases of demoniac possession in which the scientific reader finds phenomena which to him are merely neurotic manifestations described with the accuracy of a clinical report. Dr. Richer shows that they are represented with not less truth in works of art. In miniatures, on ivory plates, tapestries, and bronze bas-reliefs, in frescoes, pictures, and engravings are depicted scenes of exorcism in which the attitudes and contortions of the possessed ones are exactly similar to those now known to us as manifestations of nervous disorder. The earliest representations of demoniac possession found by Dr. Richer date from the fifth and sixth centuries, and belong to the domain of sacred art. In these early paintings possession is depicted in a conventional manner, the evicted fiend being shown in the act of leaving the body of his victim at the command of a saint whom the picture is intended to honor. In these sketches of the evil one, Christian artists would seem to have taken as their model the phantom or eidolon by which the Greeks symbolized the soul leaving the body at death. Later the grotesque mediæval imagination added horns, claws, and a tail to their representations of the devil; he appears also in the shape of strange beasts. Even in the pictures of the great artists of the Renaissance little devils are often seen in a corner of the picture in the act of running away. They are, however, merely accessories, the demoniac being the central figure in the picture. For the portrayal of the phenomena of possession the arts of that period went direct to Nature and studied at first hand the scenes of exorcism which were familiar enough at a time when the doctors knew nothing of hysteria and left the victims of the disease to be treated *secundum artem* by the priest. Among the artists who have most closely followed Nature in depicting these scenes, Dr. Richer mentions particularly Domenichino, Andrea del Sarto, and Rubens; others, among whom he specially names Raphael, in painting demoniacs seem to have drawn on their imagination, or, like the author of the famous essay on Chinese metaphysics, studied the manifestations of different diseases and "combined their information."

Ancient art, as is well known, avoided the representation of disease or deformity, except by way of caricature. After a painstaking search among works of art of various kinds—statues, bas-reliefs, painted vases, bronzes, medallions, terra-cottas, and pictures—dating from the earliest period of Greek art to the end of the Roman period, Dr. Meige found only two having

relation to medicine. It is noteworthy that in both of these women are shown in hysterical convulsions. One represents a scene of religious "enthusiasm" or delirium, during a Dionysiac orgie; the second shows a Maenad in collapse after the crisis of her frenzy. The Christian demoniacs had forerunners of the same morbid type in the possessed of the gods. The nature of hysteria remains essentially the same through all changes of custom and religious belief. The worshipers of Dionysos, the Maenads, Satyrs, and Corybantes displayed convulsive phenomena exactly similar to those of the victims of "demoniacal possession," of St. Vitus' dance in Germany, of the tarantula in Italy, and in modern times are reproduced at revivals and camp meetings. There is in the Louvre Museum an antique bas-relief of a procession of Dionysos which, with some necessary changes in drapery and other details, might pass for a march of latter-day Corybantic Christians.

Dr. Richer devotes a chapter to a study of the grotesque heads so often seen in mediæval architecture, and he shows that many of them are not, as has been thought by Ruskin and others, mere morbid products of the artist's imagination, but studies from Nature of distortion caused by spasm of the facial muscles in certain nervous conditions. In many of the terra-cotta figures of Greek antiquity found at Smyrna, Myrina, Tanagra, Cyprus, and elsewhere, deformities caused by rickets, acromegaly, obesity, emaciation, and other pathological conditions are caricatured with great skill and truth to Nature. Passing over chapters devoted to dwarfs, buffoons and idiots, and on blindness in art, we come to one containing descriptions of famous pictures in which the animal parasites that prey upon mankind play a prominent part. Murillo naturally furnishes the largest number of examples. We have reproductions of his St. Elizabeth of Hungary treating children with ringworm; a woman hunting for pediculi in a boy's head; and a young beggar examining his scanty linen, which is evidently a happy hunting ground for the same parasite. The search for the parasite, which, according to Sir Hugh Evans, is a familiar beast to man and signifies love, is treated with an even cruder realism by Van Ostade.

Leprosy and plague, those formidable shapes which in the Middle Ages darkened the lives of men as with the shadow of the valley of death, have each a long chapter consecrated to their illustration. The interest here, however, is distinctly artistic rather than medical. Leprosy figures chiefly as affording opportunities of showing holy men and women carrying out the gospel precept as to visiting the sick. The ravages of plague are mostly shown in scenes of horror which are probably no more like reality than the conventional representations of battles. In plague pictures St. Roch, with the upper part of his thigh showing the characteristic bubo, is a frequent figure. It is noteworthy that in a picture by Nicholas Poussin of the plague among

the Philistines, rats are shown invading the city. This introduction of rats into artistic representations of the plague, which may be noted also in Zumbo's famous wax figures of the plague in the Bargello at Florence, has a significance which has only been fully explained by recent research.

Very quaint are some of the representations of disease and mutilation shown in a chapter bearing the general heading "Les Infirmes." A chapter of special interest is that entitled "Patients and Physicians." Here we have reproductions of some classical representations from Pompeii and elsewhere of wounded heroes, with Machaon and other surgeons ministering to them. Among the specimens of mediæval art are hospital scenes. One by Taddeo di Bartolo, one of the last masters of the Sienna School, shows a hospital interior of the fourteenth century. The composition is somewhat crowded, and the details are not easy to decipher, but amid the variety of ministrations to the sick that are shown, one seems to gather that clinical teaching was not altogether neglected. Another drawing, which represents the Hôtel Dieu in 1510, shows nearly every detail of hospital life—sisters feeding the sick and administering medicine, priests giving the last sacraments, and sisters stitching up corpses in shrouds.

Urinals figure very prominently in these mediæval pictures, and Dr. Richer has much to say about urologists, vulgarly called by our rude forefathers "pisse-prophets," who professed to be able to read the signs of all diseases in the urine. The Dutch school of painting is most prolific in medical subjects as might be expected from its devotion to the details of ordinary life. Operations by village surgeons, corn-cutting, tooth extraction, bleeding, cupping, are illustrated by Teniers, Van Ostade, Gerard Dow, Van Honthorst, and others, but the painter who seems to have given himself with special devotion to medical subjects is Jan Steen (1626-1679). A favorite subject with him was love-sickness, which Dr. Richer is inclined to interpret as chlorosis. Perhaps the best of the Dutch medical pictures is the dropsical woman by Gerard Dow, now in the Louvre Museum.

The book ends with a chapter on death as portrayed in art. Dr. Richer here shows that many great artists, Michael Angelo among them, while depicting with admirable exactness the limpness of dead limbs, have shown prominent venous cords which could be seen only in a living body. Among the recumbent naked statues which form a part of French mediæval tombs, are shown statues in which the forms and attitudes of death have been faithfully studied; and in some of them varied stages of putrefaction are portrayed with ghastly faithfulness. In a picture by John de Valdes Leal (1630-1691) entitled "Finis Gloriæ Mundi," now in the Charity Hospital, Seville, two open coffins are represented with their right reverend and noble tenants vested in rich robes, which make the corruption of the corpses more horrible. With unflinching realism the artist has

painted the "conqueror worm" battenning on his prey, and he has depicted with a scientific accuracy which proves that he painted from Nature, the large coleoptera, which, as Mégnin has shown, play so large a part in the process of putrefaction. This is a striking instance of exact observation in an artist, but it does not by any means stand alone. Dr. Richer shows that in the portrayal of the objective phenomena of disease the old masters often anticipated the results of later medical observation.

The Philosophy of Herbert Spencer.

The writings of Mr. Spencer exercise an influence in so many different directions and are so intimately associated with current speculative thinking, that it is difficult to view his work as a whole in its proper perspective and estimate impartially the position it is likely to occupy in the future as a permanent contribution to philosophic thought.

Many students, old and young, have been grateful to Mr. Howard Collins for his "Epitome of the Synthetic Philosophy of Herbert Spencer," and will be glad to know that he has thoroughly revised the text for a new edition so as to incorporate the additions which Mr. Spencer has made to portions of his philosophy since 1897. The Epitome is very clear and complete, and may be thoroughly recommended to any reader who will bear in mind Mr. Spencer's advice, not to read too much at a time. The subject matter is too condensed to be assimilated without much reflection, and, if possible, should be supplemented by reference to the original.

It will help us to appreciate the value of Mr. Spencer's work the better if we recognize that it is to be judged by three distinct criteria, which are separated from one another by important differences in the scope of philosophy and in the functions it may serve. There are, to begin with, certain fundamental laws of knowledge and reality which are true for all time and have been recognized, with varying degrees of adequacy and inadequacy, by the great thinkers of all ages ever since the dawn of speculative thought. But though philosophy is thus universal in its import, it is, in the second place, necessary that every new epoch in intellectual progress shall have a philosophy of its own, remodeled for it afresh, in a form designed to meet the needs of its new discoveries, by correlating the principles underlying new departures in ethics, sociology, and physical science, and systematizing them anew. In the third place, the natural sciences, absorbed as they necessarily are in the minutiae of specialized research, need a philosophy devoted exclusively to themselves, which shall keep pace with their advance, and constantly hold before them the light of guiding principles, bringing their results to a general focus and indicating the direction toward which future efforts should converge.

Mr. Spencer's philosophy must be judged by

each of the three criteria indicated by these considerations. Adopting the first, we must ask what are his positive contributions to a theory of knowledge as compared with those of Plato and Aristotle, Kant and Hegel; what new light does he throw on our views of an objective world in comparison with the doctrines of the old Atomists and of Leibnitz, Herbart, and Lotze, and how does the negative aspect of his belief stand in relation to the Greek skeptics, to Hume, and to the modern German agnostics and pessimists? Applying the second criterion, we have to consider how far has Mr. Spencer succeeded in bringing into harmony the many divergent tendencies of modern thought, in correlating the doctrine of evolution with the demand for a stability of ethical principles and a security of social organizations, and in showing how what is of value in the beliefs, morals, literature, and art of past generations can be preserved and enhanced by the wider principles of thought which are the vehicle of modern science. And by the test of our third criterion we must inquire, Has Mr. Spencer laid a substantial and sufficient foundation for the superstructure of the natural sciences, and are his principles adapted to provide fruitful working hypotheses for the guidance of future research?

It is important to realize that these three criteria are different, and that the value of Mr. Spencer's work as estimated by any one of them does not necessarily hold good for the others. Into the first two we cannot enter further here. As regards the third, it may very appropriately be said that scientists cannot too often be reminded of the high value of Mr. Spencer's writings as an antidote to the biased and shortsighted habit of thinking which an exclusive specialization is apt to engender. We may take as an illustration a subject of increasing importance both to physiology and pathology—the structure of protoplasm. An enormous amount of laborious research has been undertaken with the object of demonstrating the finer details in the structure of the cell. The result is we are confronted with a number of conflicting theories, each supported by authorities of undoubted eminence and accuracy, and, the wider our acquaintance with them, the greater becomes our difficulty in forming a positive opinion. In such a juncture Mr. Spencer's hypothesis of "physiological units" is undoubtedly of service in helping to clear the ground. His postulate of these "units" as an actuating principle of vitality, standing intermediately between the cell and the chemical molecule, simpler than the former and more complex than the latter, enables us to recognize a common ground for reconciliation amongst biologists who are apparently in a state of hopeless discord about discrepancies of minutiae. We can see, for instance, that Altmann's "granules," Arnold's "plasmosomes," and the "fibrils" and "microsomes" of various authors really represent different endeavors to find a morphological expression for a "physiological unit," which

they all, whether consciously or implicitly, postulate in common.

Nor is this all. "Physiological unity" is but one of very many considerations out of which Mr. Spencer's principles of biology are constructed; by studying the work as a whole we learn not only the significance, but the limitations, of this particular conception. Thus the philosophy of the science which is a true interpretation of their data serves a double purpose. It shows us the part which particular principles play in its general scheme, and exposes that scheme as a whole for scrutiny before the cold light of reason. It is by a combined estimation of the justification of a principle as an integral part of the general scheme, and of the claims of that scheme upon our approbation as a completed whole, that we can arrive at an appreciation of what is of ultimate value in the acquisitions of science.

Die Physiologie und Pathologie der Co-ordination.

Dr. Foerster's (Jena) book on the physiology and pathology of co-ordination is an exhaustive investigation of tabetic inco-ordination and its rational treatment. He reviews the four theories regarding tabetic inco-ordination: (1) Brown-Séquard held that the inco-ordination is simply a disturbance of spinal reflexes. (2) Goldscheider, Leyden, and others maintain that the loss of the reflex activity, if it is a factor at all, plays only a subordinate part, and that it is much more the result of interference with conscious sensation. Leyden originally had only in his mind cutaneous sensibility, but later modified his views to include also musculo-articular sensibility; whilst Goldscheider laid stress on joint sensibility. Against this theory, however, it has been pointed out that in numerous cases of ataxy no loss of sensibility is discoverable, and on the other hand that there are many cases of anæsthesia without ataxia. (3) The motor theory (Friedrich-Erb) has its basis in Friedrich's disease, in which there is no disturbance of sensibility, and teaches that the path affected is a centrifugal descending path in the cord (distinct from the pyramidal path) which conducts co-ordinating impulses to the ganglion cells. (4) The last or cerebral theory ignores the fundamental lesion of the sensory protoneurons and attributes the inco-ordination to dynamic changes in the brain (Raymond) or to a lesion of association paths (Jendrassik). Thus to the apologists of this theory, co-ordination is an exquisite cortical process of association between the will and sensation. Dr. Foerster arrives at the conclusion that tabetic inco-ordination is the result of changes in one or more of certain tracts subserving centripetal conduction, namely, the collaterals to the anterior horn cells in the spinal cord, the collaterals to Clark's columns and the posterior column fibers, thus interfering with spinal, sensitivo-cerebellar, and sensitivo-cerebral function.

TOPICS OF THE HOUR

Another Chair for the Medical College.

We are indebted to Bishop Joyce of the Methodist Church for this thought. As he quaintly put it, if he had the support of the proper parties to the transaction, and could coax enough of money out of their pockets, he would introduce into each theological seminary the world over a Chair of Common Sense! And in that thought he bull's-eyed the target. That's the talk! Less higher criticism, and stained glass, and funereal pomp and circumstance, and more Christ-like Christianity and peace and common sense.

And, really, isn't that one of the principal needs of some of our medical schools of to-day? Note you, the array of farrago and nonsense which now masks and does over-time in the medical schools as and for medical needfulness. Note the lack of common sense in the recommendation and employment of text-books in some of our homeopathic schools. Note how infinitely little of value inheres in the education drilled into the medical student in the first two years,—barring anatomy,—when that youth has won his sheep-skin, and is battling with snow and ice, disdain and disgust; carrying aloft that banner with the strange device, *Similia Similibus Curantur*, for a fair chance to keep together soul and technique as a physician. Note how the gaff is driven into that student in those first two years on the plea that all these wonderful scientific things are needful in order to properly treat the curably ill of humanity's afflicted.

Is it not a fact, demonstrable if need be, that long before that youth reaches a thousand a year, unless he keeps in constant touch with the newer fads and "advances" made and foisted upon a credulous profession by those therapeutic infidels, the allopathic school,—and old-world chemists—his knowledge, too painfully gathered and at the expense of the many, many practical every-day bread-and-butter things, is worthless—of less value than the paper upon which he noted the wise things said by the carpet-knight professors of those early years. Note it closely and "notch it on de palin's" how few of the practical men make use, or, indeed, give any serious thought to the things so earnestly and eloquently advocated in the preliminary years: and how many of these men and women do bemoan the loss of time. Good land of Goshen! let us have a Chair of Common Sense as a permanent fixture of every medical school in the land, old school and new, in order that our graduates may know something of practical medicine and surgery as soon as they leave the hard benches of their alma mater,

and have left off the highly intellectual and uplifting occupation of pillow-throwing.

Our colleges—old and new school—teach the undergraduate how to bind up the wounds acquired in strife or accident or inflicted by His Eminent Sir Professorship: how to plaster over contusions and broken-continuities; they show how to take out appendices and ovaries; how to enucleate the uterus, after Pratt, with all and singular the appurtenances thereunto appertaining and belonging; they teach how much bichloride, or permanganate, or creolin, or pix creosole, or patented antiseptics to use when about to touch the human body divine with a knife or speculum; they show each senior some few cases of obstetrics and let him do them to a finish, among the devil's dirty, the unfortunate, the debased, and debauched; they induct each student into the mysteries of counting the blood corpuscles and in staining and differentiating between the rods and clubs and the other thousand and one forms of bacteria; but how many a senior sees a case of real typhoid fever, or whooping cough, or any one of the innumerable train of diseases which infect and infect the lungs and stomach and bowels and kidneys—those very essential things and conditions upon the proper recognition and treatment of which the recent-graduate must for a space of time, long or short, depend for his loaves and fishes?

Oh, true enough, they have been read and explained to him from the dizzy pinnacle of the lecturer's desk; he has read all about fevers and temperatures and chills and ordinary book-made symptoms, and all those other things which the books and the professors say, or leave him to imagine that it was said, always become visible in each such disease; and, yet, when he comes for the first or the fiftieth time in the presence of a fiery fever, and cannot for the buttons on the back of his coat determine whether he has diphtheria, or smallpox, or scarlet fever, or mumps or worms to look forward to, he feels astonished and aggrieved that these things were not shown him, after he had paid for gaining just this kind of knowledge. And he is put to his utmost to so talk and talk and talk more that he may say nothing until even the patient and her family are themselves able to determine what form of disease is breaking its way into the light.

Why should this form of the living word be left almost wholly to the post-graduate course, which the great majority of students cannot or do not attend? Why are these practical things practically shelved, while the mechanical departments are put to the lime-light front at every opportune or inopportune moment? Why are

the students, who naturally prefer the bushy side-whiskered professor with the knife and speculum to the plain every-day medicine man—why are these men and women not told that where there will be, as for them, one case of knife or speculum, there will be fifty of diarrheas, of pneumonias, of typhoid fevers, of diphtherias? Why are the hospitals so almost wholly given over in our day to operations, and recovery from such operations? We appeal so many times to the great-hearted and large-pursed men for contributions to build or support our hospitals, when that said aforesaid generous giver, if he gave, wouldn't have a moment's use for such hospital if he were to live the full scriptural limit. It would be no place for him in the event of being overtaken with typhoid fever or a lingering illness of the lung or kidney. Indeed, it would or should be the last place for a man or woman to go who wished to be quiet and care-free and be surrounded by all the modern agencies for a speedy and permanent recovery—without an operation. If that generous giver were minded to give, and were minded to be select, he might most profitably give of his largess to some of the private sanitariums where the trail of blood is not over everything from the front-door knob to the hind-door porch screen.

But the students do get clinical advantages! Yes? Let us see. According to the announcement of the college this and that professor holds a medical clinic once or oftener each week in the amphitheater, or the dispensary, and all these diseases are practically discussed from abundant material present. But every one of these professors, who is a practicing physician, knows that the material that comes to a college clinic is not the material with which a clean-handed and ambitious young doctor wants to build up a practice. They know, too, these professors, that, in the main, these clinics are carefully selected by a diplomatic understudy with a view to accentuating some parts of the professor's most recent lecture. And in that event the class gets nothing but a pretended verification of the lecture—which does not verify, because the class rarely ever sees such clinic a second time. It is also a notorious fact, in some of the schools, that the professor who professes in the pulpit is not the one who holds the clinic; nay, he is disposed to be unselfish, and the college ultra generous, and so this practical bit of work is farmed out to some one or two of the likely young men and women either in the present class, or of the class last graduated. Even the quizzing is shunted off upon some chief wrangler of the class, who has been given the professor's notes for that purpose. The professor himself is too busy to stoop to the quiz, or to the holding of the clinic. He is only paid for reading his weather-beaten manuscript. Why, we knew of at least one professor of homeopathic materia medica and therapeutics who did not for years hold a clinic; who never taught

the class how to examine a patient, or how to select the remedy; who did nothing, absolutely nothing, but read his manuscript, look wise, and then threaten the class with dire things in the event they failed to take notes! The *Organon* was given out in great "gobs" of, say, thirty or forty pages, and on the next meeting of the class, questions concerning its principal features were asked at random.

To return to the practical studies. The student who depends upon the college clinics, or the walk once a week between the aisles of a hospital ward for his medical knowledge, is apt to be sharply undeceived when he touches his first case in actual life. He will find cases of typhoid fever where the step-ladder temperature will not be present; diphtheria where the patches are not diagnostic; measles and scarlet fever where the eruption does not begin on the forehead or chest, but elsewhere; whooping cough where the whoop is almost entirely absent; diarrhea which is not a diarrhea, a sick headache which is not a headache, and so on for evermore.

Yes, what we need most, since we are putting so many new chairs into our schools, is one more chair to be endowed forever and called the Chair of Common Sense, and then compel some of the professors of the medical college to attend long enough to gain a diploma of honor and merit. We need colleges where the prevailing trend is not so much the glorification of some one or two specialties and their professors, but rather the educating of the student who has paid his last and hard-earned obolus to gain entré, and is wearing celluloid collars and cuffs and eating dairy lunches to tide him over that awful wait before the pay cases come in. We should have hospitals given over wholly to curable or incurable disorders of the human body; where a knife should not be dreamed of for a moment. Hospitals where the class would get its practical, medical instruction day after day under the charge of a competent professor—the professor himself—who will interest and instruct the class. And the students should be given charge of cases in that hospital under correction, of course, not of the understudy, but of the responsible professor. There should be another hospital in which all surgical cases could be rounded up. And here the same routine should be followed out. Merely walking down the aisles after a white-jacketed interne will not educate the class even in the mechanical department of medicine.

Common sense is the ingredient needed in some of our schools. There is too much theory and dignity. Baby-having is not well taught by holding a towel or a basin, or the off leg, or counting the knots in the navel string—(um-be-like-ell cord)—in the hovels of the lowest and most God-forsaken and criminal class, any more than operations are ever learned in the dissecting room upon the redolent refuse of the country churchyard. There is something to consider beside the

mere anatomy. And yet the student, when he has seen a few cases of labor in a down-town, moved-away-from district, believes he is fully caparisoned and prepared to undertake responsible child-birthing among the delicate, refined, pure in heart and body of the upper class, where the coming heir is not the accident of a careless moment, or the unwelcome addition to an already overlarge family of bread-eaters, but a jewel from the diadem of heaven, long looked for, prayed for, welcomed, and loved!

Let us have a few more medical colleges which are MEDICAL and not so almost wholly given over to microscopy, bacteriology, surgery, chemistry, and the other modern acquisitions. Let us have the Chair of Common Sense added, so that our faculties will be ashamed to turn down a homeopathic author and give his book-place to a rampant and intolerant allopath. Let us have a few more colleges where the professor does himself induct the students into the practical parts of medicine and does not limit his services to the reading of his manuscript. Let us have a few more colleges where one hospital may be assigned to the sick, and another to the maimed.

Some of these we already have, but let us have more, many MORE!

♦ ♦

Another Good Man Gone Astray.

Since the genial but persistent Neumeister does not appear in the roster of the new College at Kansas City; and, also, since he resigned from the (late) American Institute of Homeopathy, we are led to the conclusion that some of his mining deals have struck oil and he is a new-master of finance, perhaps even a Captain of Industry, without the perennial need of doing hazardous though always brilliant operations with so little pay attached.

We have a neighbor who rashly invested in oil lands—(don't tell this to Pemberton D.) and lived from hand to mouth for many weary, waiting weeks and months. One night there was a terrific din in that household. It was presently disclosed that the oil-lands had really been found to be filled with oil and had sold at a fabulous advance. Since then our neighbor has invested in a fine blooded and pedigree bulldog, a rubber-tired road wagon with red wheels, a hob-tailed horse, and a Panama hat. Other evidences of his sudden prosperity are to be noted in the added and more or less gaudy raiment of the mistress of the family and her little ones.

We noted some time since that Neumeister was in California, and about the same time he was said to be investigating some of his gold-mine investments. If he has truly succeeded in land-ign his quarry from a gold quarry, well, here's our heartiest congratulations. But we shall miss his annual report to the (late) American Institute of Homeopathy, of miraculous operations performed by this new-master in Gynecology. He

had many excellent points as a man and a physician, though his German descent and blurring tongue sometimes made it troublesome for his friends, since he insisted upon misconstruing many innocent statements. As for instance, when we were running for re-election as Recording Secretary of the (late) American Institute of Homeopathy at Omaha, he got it into his mind that we had written something attacking his college, and neither a personal explanation nor a blue-print drawing could shake his belief. And so he voted against us, and we had to be voted for a second time to off-set his vote. We have long since forgiven him for that, and even for advocating without ifs, ands, or buts, that urotropin would cure gonorrhea in every case, regardless. This looked a trifle oblique coming from the chief officer of a homeopathic college. Something must have gone wrong with him, else he would not have resigned from the Institute.

♦ ♦

An Error Corrected.

We have been called to account, and rather tartly, too, by a member of the (late) American Institute of Homeopathy for stating that all the specialists of the said (late) Institute were, or are, in favor of the Crime of 1902—the dismemberment of the Institute. This critic reminds us that the O. O. and L. Society has been in active existence for some fourteen years; that it has taken not one step to bring about any scission of the Institute; and he does not know that this society will ever accept the new Runnels plan. We admit the correctness of the verbal castigations, and are thankful, besides, that a little light is becoming apparent in the gloom of the awful down-throw at Cleveland. Possibly some of the other specialists, upon more sober and more second thoughts (seeing that the apparent purpose for which they were originally originated—the electing of certain members to high and honorable offices in the late Institute—having been effected) will reconsider their destructive purposes, again come into the old Institute, and permit the impeccable Executive Committee of that Institute to govern them as formerly, though now with the added knowledge of what can be done when several high-minded, unpolitical, but honorable people, as Brutus was an honorable man, get their heads together over a brimming three-handled loving-cup, and intelligence-bureau every State and Territory in our noble Union.

We honor the O. O. and L. Society for this brave and patriotic stand. We apologize to them for including them in our former and several jeremiads; and we sincerely hope and trust that their brave stand for the old Institute may tend to recall the other seceders to a better feeling in the matter; and, so, that we may, all of us, once more, meet around the common board of the American Institute of Homeopathy,—the same

as when Dake, and Talbot and Talcott and Hel-muth and Holcomb and Lilienthal and Ludlam and Mitchell and the long list of immortal homeo-paths, used to meet about that mahogany, and gave their best endeavors to the upbuilding of homeopathy, and did not give all of their vitality to the up-building of machines, and getting their favorite son in as president or secretary.

♦ ♦

Dynamized Homeopathic Remedy No. 20.

An advertising scoundrel in one of the Indiana towns advertises a natural cure for catarrh, being a "genuine dynamized homeopathic preparation" which he has numbered 20, and one other which is 19, for less virulent attacks, the two to be alternated, and they cost but 25c. each. This artful gold-brick agent gives a graphic description of catarrh of the nose so that its foulness may be almost smelled. He has other remedies, seventy of them for seventy different diseases, each such remedy a natural remedy "genuinely dynamized" and homeopathically prepared. This fellow is doubtlessly a bench-graduate of some fly-by-night college of the older dispensation of homeopathy, when the student walked in at one door and out at the other, having made a good and sufficient deposit of money to secure the all-embracing sheep-skin.

In our own college, when we were in the junior class, we knew of one of the seniors who had a specific for each disease that could be named; and all the arguments of his fellow-seniors and others could not dislodge the specific-notion from his alleged brain. A man of that mental caliber might be induced, even honestly—from his viewpoint of honesty—to engage in the manufacture of "genuinely dynamized homeopathic preparations," each a specific for a specific disease; and the poor, gladly deluded people, believing in his representations of dynamized homeopathicity, pay him several twenty-five-cent pieces, rather than call in an honest homeopathic physician and be treated homeopathically.

It will never be possible to educate the common people—nay, even of the highest and best—to understand that homeopathy does not, because it cannot, deal in specifics; that a medicine is not necessarily homeopathic because it comes in small vials, consists of small white pellets, which are sweet and cost only twenty-five cents a vial. Not even the printing and broadcast publication of the (late) American Institute's circular to a thousand newspapers, will help to dispel this ignorance. Homeopathy has always been and will always be a system of little pills in the eyes of the gullible public, while allopathy was the tablespoonful of nasty stuff. And there you have the matter in a nutshell:

Is there any State board of medical examination and registration in Indiana; and, if so, is there no way in which the homeopathic represen-

tative on that board can jack-up this ambitious scoundrel and prosecute him for obtaining money under false pretenses? If nothing can be done officially to stay this vampire's inroads upon a decent school of medicine, will anyone tell us what good there is in the medical law? Is the law made only to keep the good people good, and will not molest the malefactor? Munyon, with his beautiful roached-up hair and uplifted forefinger, took care to say that his system was an improvement on homeopathy, so that no homeopath could justly accuse him of misrepresentation. But this fellow in Indiana uses the very livery of Homeopathy—"the genuinely dynamized" remedies—to serve his devilish purposes.

Still, there may be differences of opinion even in homeopathy. As note the cordiality with which the several wings of the profession love each other! And note also the pitiful fact that several of the alleged best homeopathic pharmacies of the United States openly and above board send out their damnable literature recommending combination tablets, containing many ingredients each for the cure of names of diseases; and yet these contemptible commercial concerns dare to publish themselves as homeopathic pharmacies, publishing homeopathic books and literature, and alleged medical journals. Is it any wonder that the homeopathic pharmacies of New York have dwindled down to a half dozen, and no one of these on a prominent street?

Let us have laws, more laws, lots and slathers of laws to bind and wind the honest and good man to his own vine and fig-tree—to keep him from straying over into the other fellow's preserves; and continue to so red-tape him with laws and more laws that he will needs have to engage in something else to make a living—or take to gynecology. But the out-and-out scoundrels, these vilifiers of the good name of Hahnemann and Homeopathy; these trade jackals, may continue undisturbed. What is the profession of honest homeopaths going to do about it? Nothing! Or it may possibly meet in State or national conclave, resolve a few perfervid resolutions, and then go down the hill again like the King of France's men.

By all means let us have laws so cunningly constructed and construed as to catch the general practitioner, who has done his proper stunt at medical college under conditions usually the most severe and body-and-soul racking, but leave such shameful loopholes in them that the Munyons and Ballantines and Combination Tablet hucksteries may not be touched even to a single hair upon their corporate heads.

Truly we are progressing as a school of medicine! When we meet in due and ancient form in our societies, if the entertainment feature is not in evidence, or we have no politics to distract us, we rehearse to each other how well our school has done; how many colleges and hospitals we have now over what we had fifty years ago; how

many more homeopathic practitioners are to be counted per page in Polk's Medical and Surgical Directory; how many grand and glorious operations we performed since last we met; and we applaud and cheer these beautiful statistics, and feel that we have done all our duty. But we forget that out in the field, where it is necessary to collect one hundred cents before we have the strenuous dollar, the poor practitioner is helpless against these corporate attacks, and against these business-stifling State laws, and is likely to disappear altogether from the face of the profession. Has no one seen the handwriting on the walls of the modern homeopathic feast?

Stop the political scheming, the by-law twisting and constitution confusing and do something for the poor, general homeopathic practitioner, or else the homeopathic school is doomed. Surgery cannot save him. Gynecology will not. Neither will our present restrictive barb-wired laws. And these unprincipled commercial ghouls and these legally-protected newspaper doctors will destroy him and his household!

♦ ♦

Now Homeopathy is Safe.

Dr. Gatchell, the enterprising and talented secretary, under instructions of the (late) American Institute of Homeopathy, has issued the following circular and mailed it to a thousand, more or less, of American newspapers under a green stamp:

To the Editor:

At the recent meeting of the American Institute of Homeopathy (the national organization of the homeopathic physicians of the United States), held at Cleveland, Ohio, in June last, a committee recommended, and the meeting adopted, a resolution to the effect that the accompanying statement with reference to the existing "Public Demand for Homeopathic Physicians" be sent to the newspaper press.

It is the opinion of the American Institute of Homeopathy that you will be subserving the public interests by making editorial comment on this matter in the columns of your valuable paper.

PUBLIC DEMAND FOR HOMEOPATHIC PHYSICIANS.

The demand for homeopathic physicians throughout the United States far exceeds the supply. Thousands of small cities, towns, and villages are unable to secure the advantages afforded by the homeopathic system of medical practice. Demands for graduates of this school of medicine are constantly reaching the twenty homeopathic medical colleges. The demands for physicians come from every State in the Union. Especially is this true of the Southern and South-western States, into which thousands of people in quest of pleasure, health, and business are going every year. The American Institute of

Homeopathy, mindful of its obligation to the public, not only calls attention to this public need, but also to the fact that there are twenty medical colleges in the United States, thoroughly equipped effectively to teach all branches of medicine and the science and practice of homeopathy. These colleges earnestly solicit, and will welcome, young men and women of good moral, physical, and mental endowment, possessing a high-school education or its equivalent, with an elementary knowledge of Latin. Those who come from districts having but few homeopathic physicians will be especially welcome.

Now, if the allopaths, or the eclectics or the osteopaths, or the Christian scientists, or any other form of medical or non-medical treatment, had issued such a paper, good luck! how the homeopaths would glower and resolve and do the martyr act!

We have not yet seen the article in any of our local newspapers, principally because it is an arrant advertisement, and the usual advertisement price has not accompanied the advertisement.

It is wonderful how much may be done to further the homeopathic school of practice—by resolutions at the eleventh hour sessions of the (late) Institute; and equally marvelous how little heed is paid to such compulsory demand for recognition.

Next year at Boston, or environs, the resolution-makers of the (late) Institute will doubtlessly follow up the good work by issuing handsomely illustrated booklets, bound in vellum, a good many thousand of these, detailing the many-some advantages of our twenty medical colleges, hospitals, dispensaries and the like, with full rosters of each to compel further notice; and, of course, appropriate sufficient of Franklin Smith's surplusage, to employ a small army of men, women and boys to leave these at the front-door bell of each resident in each city, village, and hamlet of the United States and Territories. There is no use to go half-way in this matter. Let us have the whole thing, so long as the resolution-maker lives, and the treasury holds out. Homeopathy must be introduced to the suffering people, peaceably if we must, forcibly if we can.

And the (late) American Institute of Homeopathy, which dares to issue this Macedonian cry—this patent bid for students to fill the benches of its twenty colleges—consists to-day of four sections which still believe in homeopathy, and a whole slather of independent sectional specialists who are different from the other schools in

so slight a degree that it would be almost impossible to find the line of demarcation.

♦ ♦

Some Excellent Changes.

The New York Homeopathic Medical College, in its recently issued Annual Announcement, says that this College and Hospital "has been enriched by gifts during the past year of upwards of \$130,000. This makes an increase of endowments during the last two years of \$375,000. . . The pathological, histological, and bacteriological laboratories have been increased in efficiency five-fold through the donation of \$1000 by the Alumni, as well as a liberal allowance from the Board of Trustees."

From all which we must conclude that the College and Hospital is saving its pennies for some ulterior and doubtlessly excellent purpose, or else it costs a heap-sight to run it. Which?

And the others of the twenty homeopathic colleges of our land, with a few notable exceptions here and there, are struggling along from hand to mouth, depending upon the box-office receipts to keep the contaminating and devastating touch of the sheriff off its shutters and front door.

We hear of some of our colleges where the faculty regularly dives into its trousers-pockets to make up purses to buy this and that, and to keep the school a-going; and where every one of the faculty must own of the stock of the concern and see that his assessments are promptly met; and the several members do not "kick" because there are no better-than-gold-bond dividends. And when it comes to the judging of the tree by its fruits, these smaller and poorer colleges—in the matter of princely endowments—take no second place. We know of several colleges where it is necessary for them to pay for the appearance regularly of an alleged independent and equally alleged medical journal in order that the alumni may believe their all-cherishing-mother is still in existence, and doing business at the old stand.

Reverting to the New York school we quote further: "Some large clinics will still be held in the amphitheater of the Flower Hospital and at the Metropolitan Hospital the same as in the past, but a new régime of bedside instruction has been inaugurated, and several hours a week will be given to this form of clinical instruction in the various hospitals now associated with the College."

At last! This is that for which we have fought and writ for years past—bedside instruction for the undergraduate! The students of the past ten years have had operations galore and gore; but as to bedside instruction—those very things the most essential in a newly made medical man's life, when he is released from the benches, and a

possible year or two board-and-wash-free in some hospitals—he has had none or precious little. He has been duly caparisoned to the limit with all the detail of operations and instruments infinitesimal almost; but as to the taking of a case homeopathically, and watching it through from start to finish—health or finis,—he has had none.

The New York college, therefore, deserves great praise for putting itself back—if this is a backward step—to the medical side of the profession, and essaying to teach its graduate something of the ninety-five per cent. of his probable labors when he hangs out his strap-iron shingle.

We know of graduates from a homeopathic college who are so well grounded in surgery and gynecology, in ophthalmology and otology, in pedology and bugology, that they look with ill-concealed contempt upon the merely general practitioner who still imagines that something may be done for a merely sick person without operations or serum therapy or the crassest of old-school procedures.

In our estimation there were always homeopathic schools which stood well along on the educational ladder, and New York was and continues to be at the very top! Everybody now knows that there was trouble there—anyone read in the college journal—*The Chironian*—and a savage editorial, once upon a time, in *Fisher's Medical Century*, could not avoid that conclusion. But that was only saying that it was a medical college with a large list and long string of unpaid professors who thought a good deal of the great American dollar—like all the rest of the profession; and that sometimes the dollar had more attraction than an unpaid hour way up-town in the college. As a school, however, New York never lost its distinct and honorable place. We still feel, and say it honestly and in all kindness, that since a complete change had to be made, a complete change should have been made not only in the teaching corps, but as well in the form of government itself.

A closing note of this higher criticism is, that the writers of the present Annual Announcement lacked somewhat in policy and tact, if not in charity, in saying in several places that thus and so would not be done now as formerly, but in some other way; clearly intimating that there must have been some awful rottenness in the late combination of excellent men; but that now, under the rehabilitation, these former bad practices, omissions and commissions, would be no more tolerated. A goodly number of the professors of the former régime still grace the present roster, and it is to be presumed that the good will and student-influence of the others is desired; it will be small wonder, therefore, if New York men continue to send their students to Cleveland, to Philadelphia and even to farther Chicago. Such left-handed statements are hardly kind to the late and deeply lamented Dean, whose talented son has now succeeded to his father's name and portfolio.

The Ann Arbor Clinical Course.

The Practitioners' Post-Graduate and Clinical Courses of the homeopathic department of the University of Michigan—in short, the Ann Arbor Homeopathic school—will begin November 3 next. The clinical part of the course will be given first this year, and the series of twenty-four lectures will follow during the three weeks after. There is every prospect that an unusually large class of practitioners will be present. The hospital facilities will be increased by the enlargement that has been made this summer to the space devoted to clinical cases. The accommodations have been increased by the addition of several private rooms. The capacity of the new building had become full, and this addition was necessary. This innovation upon the usual cut-and-dried post-graduate course of some of our homeopathic schools has borne good fruit. Each year since Hinsdale, Dewey *et al* inaugurated this course the attendance has increased and the interest and enthusiasm grown. It is truly a Practitioners' Course, in that it deals with the actual practice of the physician—not the corruscatingly beautiful theories of the regular medical school *per se*; nor is it top-heaved with operations and more operations. It is a sensible course; one to appeal to the just every-day physician who still finds it needful to use the ordinary plain medicines and technique of everyday work, and who cannot give his time to the adoration of the most novel and modern of surgical technique, or the examination of wonderful specimens taken from the human body. If you have the time, attend these Courses. If you haven't the time, make it. You won't regret the three weeks spent under the tutelage of these Masters in Homeopathic medicine and surgery.

The K C H M C.

K C H M C, which looks as if some ambitious rag-time novelist had attempted to spell a sneeze, stands for Kansas City Hahnemann Medical College, the new baby just borned at Kansas City. The two schools which formerly bit their thumbs at each other and thought sinful things while so engaged, have now amalgamated, and, hereafter, they will present one solid front to the enemies of the school, and especially to the old-school doctor who, as Delap puts it, is rattling around in the Missouri Gubernatorial chair in the innocent belief that he is Governor of that State. The K C H M C promises a whole lot of good things to all such students as will come to them, and there is no reason for doubting that the promises will be cashed-in at the office. Dr. Sam [why not Samuel?] H. Anderson is Dean, and Dr. Moses T. Runnels Registrar.

The K C H M C has made the usual mistake

of emptying the Kansas City homeopathic directory into its faculty. For it is a mistake. It disturbs the young man or young woman who designs to matriculate, but who feels that one small head can never contain all the wonderful and varied wisdom which this long array of brilliant professors will proceed to pour into it.

We are still on a still hunt for that modern and really up-to-date college which will recognize the value of a half dozen well-filled chairs—filled with first-class and excellent men—each man a specialist, and well-paid, and as many assistants as the exigencies may require. But stop this wholesale accolade-ing of Sir Professors. The title of Professor is rapidly becoming as distasteful as that of Politician. In some colleges, indeed, it is a synonymous term.

We recognize the patent and practical fact that at Kansas City, as at other points in the past, it was a matter of vital necessity to provide places for all the members of the two faculties; else there might never have been a peaceful pacification possible; and the erstwhile enemies would still continue in the delectable pastime of shying stray verbal refuse at each other.

The appointed men, and no One Woman, are as good as good can be. Not a moment's criticism is indulged in in that relation. They are good teachers. Our fault-finding rests for a basis upon the blunder of the majority of our twenty colleges in doing things along the line of fifty years ago—nay, even several centuries ago. We have had our ears dinned full of Scientific Homeopathy, and Advanced Homeopathy, and Progressive Homeopathy; and sometimes even of Hahnemannian Homeopathy; still the old and moth-bitten system of medical school government, which was old when Bill Jones died, continues to govern all kinds of homeopathic colleges unto this day and hour. In fact the medical colleges of the homeopathic denomination, barring two or three universities, are still voting for Jackson.

The two Kansas City colleges, each of which was formerly governed by itself regardless, now having united, again govern themselves from within and regardless; and since the Board of Trustees, which is the governing body and doubtlessly also the employing body, is composed wholly of the faculty, where, then, is the balance wheel? Suppose Delap, for good and sufficient cause, should get "sassy" and talk back to Moses T. and write it up in his bright and newsy journal? How long would it take for Brer Delap to find himself on the wrong side of the stage entrance without a moment's warning or any opportunity for defense?

It requires no caul, or gift of prophecy, nor to be the son of the weirdful sisters three to foretell that this newer coming-together of the Kansas City brethren will end most ingloriously in the not over-distant future, unless the Kansas City specimen of medical man is vastly different from what he is in Cleveland or New York or Philadelphia; in fact we fancy we can see that some

of the Kansas City College people were outvoted and dragged into the amalgamation, whether or no.

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The Automobiling Incident.

It is gratifying, in this present day of indiscriminate damning of everything that has an automobile name, and wishing it off the street and forever smashed and destroyed, to note that, in one instance, and that very near home, the automobile showed it was not a White Terror, or that it is always in the hands of those who either lose control, or don't care how fast they speed along the crowded thoroughfares of the city. A few days ago the two-year old daughter of Dr. Hamilton F. Biggar, Jr., of Cleveland was promenading up and down in front of her father's house admiring her new shoes, in charge of the maid. It was late evening. For some necessary purpose the maid left the little toddler alone for an instant, and in that instant the little one ran rapidly down the walk, into the street, heedless of everything save the new shoes upon her little feet. At this same instant a rapidly driven automobile came down the street; there seemed no possibility of not running the little one down. The father and invalid-mother who sat at an upstairs window saw the peril, and the doctor rushed down the stairs. But this automobilist reversed the lever, applied the brake with an iron hand that caused the machinery to grind with an angry roar, brought his machine to a dead-stop a foot or two from the child, and then calmly veered to the left and was away! No bicycle could have stopped in that distance; and no team of horses, however well in hand, could have been brought to a stop as shortly and surely. When the father and the maid reached the scene the little girl was standing still, smiling and cooing, looking after the whirling machine which had so nearly run her down. It was a marvelous bit of coolness and power on the part of the automobilist. No one could have blamed him had an accident occurred. It was no fault of his that this child should suddenly run in front of his machine. In this light Dr. Biggar, has ever since regarded it, and he has made every effort through friends and through advertisements in the papers to find who this brave man was, in order to thank him.

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The Physiology of the Holiday.

Now that the holiday time has come and gone we may do well to consider what is the active principle of a holiday, and the reason of its influence. The ordinary explanations of the holiday cure are very vague. For instance, we attribute our improvement to fresh air, but there is no evidence that the chemical results of country air inside us can withstand an hour's exposure to

the air of a large city. We say that the change has done us good, but we should be hard put to it to define our meaning, or to draw the line between change and the memory of change. We are sure that our holiday has somehow refreshed us, though we may feel just as tired immediately after it as we did before. It is difficult, therefore, to explain the action of holidays; we can only observe that they fail to act on those who do not need them, and on those who do not know how to take them and are constant to resume wherever they go the habits and the modes of city life.

Perhaps the closest analogy to the holiday influence is to be found in the restorative power of sleep, for there are many resemblances between the two processes. Concerning sleep much has been written in vain. It has been described in terms of human physiology, as though vegetables did not also sleep, and wake, and sleep again; and, for all we know to the contrary, there may be a nocturnal state, akin to sleep, through the whole inorganic world. And a holiday, like sleep, is a reversion, a periodical phase or instinct in man; there is a sense of going back to that passive state which is one of the oldest and most constant facts of our nature. It is not the mere absence of work, but the positive satisfaction of existence without work, that makes a holiday; it is the exercise of the aboriginal faculty for passive idleness, which has not been exercised for a year; for the faculties of the holiday life are just the difficulties of the working life.

Other instincts, probably of later origin, urge us to use our holidays not in idleness, but in sight-seeing, and we go climbing and traveling and admiring far and wide. Even here the analogy between holidays and sleep still holds good, for the sight-seeing is to the idleness as dreams are to sleep. A great deal of nonsense is talked about dreams, and it would be well worth the trouble if the experimental psychologists would make a careful clinical study of them. The tabulation of ten thousand dreams could scarcely fail to bring out some very strange facts of association, memory, and character. Anyhow, it is to be noted that the faculties and senses which are most awake when we are asleep—the exaltation of the emotions and the imagination, the revival of the past, the sense of adventure and of wonder—all have their counterpart in the holiday life; and the very phrase that we use to describe the utmost pleasure of sight-seeing is, that it is like a dream. For we are, in holiday time, such stuff as dreams are made of: we become imaginative, we find the beauty of common things. But it is still a matter of instinct, and a return to Nature: for the natural man is not man as he may once have been, but man as he is. So great a part of us is inhibited during the eleven months of the working year; not only the faculty for idleness, but also the free exercise of our bodies, and our enjoyment of art, our vagrant thoughts, and all casual and unbusiness-like habits. Then comes the holiday, and

these and the like happy instincts stir and are set at liberty, like dreams in sleep.

Therefore in the halcyon weeks we ought to take our rest and our change as a natural phase of our lives—like men who give themselves to sleep, perchance to dream. There is something in the idleness of a holiday that is not mere fatigue, and in its sight-seeing something that is not mere self-culture.

Smallpox in Cleveland.

In this our city, where some months ago the beautiful lie concerning the substitution of disinfection for vaccination was started, we are now in the throes of an epidemic of the very real, old simon-pure, yard-wide smallpox. The number of cases is a matter of conjecture; the exact number is doubtlessly known to the authorities, but not given out; hence, the figures have risen into fabulous proportions. A dozen clerks have been taken from one of the principal dry-goods establishments; whole streets have been closed up by quarantine; whole blocks of houses have been barricaded against; the city no longer placards the houses or in other ways warns the passer-by; the pest-house is full to over-running, where the inmates are dying, are burnt up on the premises and buried in the conveniently adjacent lots. Each day some new horror develops—on the lips of the frightened populace. That there is smallpox here no one need deny—except a few of the antis, who are never so happy as when they are “foreninst the government of vaccination.” But that it has assumed the terrific proportions acclaimed by the frightened populace is not true. And this city, from which only a short time ago our picturesque health officer was able to stamp out smallpox by disinfection and formaldehyde, is alleged to be moribund with it—smallpox—and of a most virulent type! The truth is that smallpox was never stamped out here. And vaccination has been going on every day and every hour by the aids and abettors of our health officer. If he ever really considered the project of substituting any other method for vaccination he has gone back on it, and is to-day a foremost and most rapid promulgator of vaccination. The district physicians, his friends and appointees, have free vaccination stations, where some persons have had to pay a dollar for the dope. We mention this, first, to say that while there is smallpox in Cleveland, its proportion and prevalence has been magnified through the foolish policy of the health department in suppressing the figures; and, second, that vaccination is doing a land-office business, officially and privately. Some of our friends, the antis, have been writing us asking the results of the disinfection vs. vaccination treatment. This is our answer. Does it go? The health department requires a vaccination of those vaccinated within two years; and before the close of next week—opening of the schools—there is every probability that an-

other effort to make vaccination compulsory will doubtlessly be tried. In this connection we wish to add that we have a young man under treatment who had been employed as a sprayer of formaldehyde, who has developed a mysterious inability to perfectly inflate his lungs, and at times almost collapses. May this be a result of the inhalations of formaldehyde?

The Dawn of our Vienna.

The last issue of the Hahnemannian Advocate brings the startling statement that Hering and Dunham colleges are on the eve of pooling their heretofore diverse personal issues, and forming one good, solid, old-fashioned Hahnemannian-homeopathic college in Chicago. This, following upon a former announcement by Hering that that institution had become part of the Midland University, and of which University Dunham will also in its amalgamated form become part, lends color to the plan suggested by our esteemed contemporary, who presides over the Medical Era, that the Medical Vienna of America is at hand despite the querulous fun tossed at it by the Hahnemannian Monthly. To be sure, this is only a beginning; but without a beginning there can be no marked progress towards an aim or an end. No salaries will be paid these amalgamated professors; and instead of one grand, overshadowing, general medical school, in which all sorts and conditions of medicine shall be taught by variously opinioned men and women, at various times of the week, this will be only a homeopathic school where homeopathy will be taught as Our Fathers used to teach it. Every good homeopath everywhere will say this is a good beginning, and wish the amalgamation well. Both these former separated schools contain men of the highest homeopathic value, and it was a pity that they had need to be so placed as to seem to be biting thumbs at each other; not because of indifferent or wrong homeopathic teaching, but mainly on personal scores. There are workers—hustlers—in this amalgamated roster, who can command endowments; and soon money will flow into the coffers; and in time, let us hope it may be soon, some of the professorships will be made financially valuable, so that the inhabitants of the principal chairs may, indeed, be professors who profess, and thus be able to give their whole time to the proper exemplification of our Law of Similars. Our est. cont., when he drafted his Vienna editorial, had not this possible amalgamation in view; he was aiming to expedite the said dawn with Hahnemann College of Chicago as the rising sun. But, with us, he will rejoice in the fact that there is one college the less of the doubtful kind, and one real, good, strong homeopathic school the more. The Kansas City colleges have bunched their former dissenting issues, and now present a united front, and all seems Harmony and Homeo-

pathy. Let us hope that more of these amalgamations may take place, not alone between schools in the same city, but between cities themselves; and, later, between States; and at the round-up, as the ultima thule, let it end in here and there being a few State-supported universities, where MEDICINE will be taught in every branch and by famous men—famous not only in a limited circle of admirers, but the world over.

♦ ♦

Dishonest Advertisements.

An eastern publication, whose title is not *The Yellow Dog*, has adopted a plan for enlarging its subscription list which is not exactly novel, but which is clever and is proving exceedingly profitable. That it is not honest will appeal upon reading what we have to say. It issues a long list of prizes which, presumably, it pays, for it has nothing to lose, and then sends its invitations out to the four winds of the earth soliciting—not subscriptions, nay, perish that base thought! that would be too transparent a gouge—but, short articles to contain thus and so many words.

Special stress is laid upon the fact that *everybody* may contribute—famous names do not count—that everybody has some little story laid away in his experience, which, if reduced to writing and mailed to this enterprising firm, may draw the capital prize, or, failing that, may still be in line for some one of the long list of other prizes. In addition there are cash payments for such stories as might not fall under the strict letter of the prize-list.

But each story must be accompanied by fifty cents, the annual subscription. Aye, that's the rub!

It does not matter that the writer is a subscriber, he must enclose fifty cents for each story he sends, and may, of course, send these extra subscriptions to his friends over the land. As this magazine appears but once a month, and in each issue has not to exceed ten little stories, it must be apparent, even to a government official, that somebody is making lots of money; and that someone is using the U. S. Post Office for an improper though doubtlessly legal purpose.

This enterprising firm is under no expense whatever in the transaction. It exacts as one of its provisos that the author must send a self-addressed envelope with sufficient stamps to insure the return of the MS. in the event of its rejection.

If there is an easier way to make a dollar, or a half-dollar, than this, commend us to the "graft."

It is on a par with that other former swindle which ran its run in the journals, offering a thousand, more or less, of gold dollars to the first one or two or three who would send in correct solutions of a transparent word puzzle; the

fifty-four pieces of Dresden china; the gold watches and chains; the bicycles, and the like, with which the daily press and the ten-cent monthlies are so frequently filled. Every honest man, in reading these advertisements, knows that they are palpable frauds; still no notice is taken of them, until after the company has filled its pockets; then some lynx-eyed official awakes with a start to the enormity of the fraud and does the highly meritorious act of arresting some stool-pigeon, the principals having meanwhile flown to another point, and become busied in concocting some other scheme with which to occupy the public prints for thus and so many months, then again to disappear. They are shrewd people; they know that any new swindle must be pushed sharply for a few months; for after a certain number of months, when the inevitable complaints begin to pour into official quarters, they must be ready to give it up, and go elsewhere.

Must the mails be filled to overrunning with all these varied schemes in mines, in oils, in hair-restorers, in patent-medicines, in bucket-shop stocks and bonds, in secret cures for drunkards, in criminal suggestions to innocent people? The great and good government is promptly and vigorously concerned if a green-goods man, or a gold-brick gent, or some other transparently dishonest artisan, catches a dupe here and there. These schemes are so patent and nefarious that any person falling to their wiles deserves exactly what he gets. But when the swindle takes the guise of an innocent business transaction, and is so worded and planned as to deceive, at times, even the very elect and keenly alert, then nothing can be done, or is done, until, grown bold with success and long immunity, the swindlers press too hard and an error is made. Then the crushing power of the officials is brought down upon the scheme.

Is not this eastern magazine, which is not *The Yellow Dog*, or *The Purple Kangaroo*, or *The Blue Jackass*, a lottery scheme, plain and criminal, in which the publishers have nothing at stake; in which they cannot, by any conceivable conjunction of circumstances, lose one single red cent; while the immense and overwhelming majority of contributors lose what they put in? The answer made that he gets his magazine for a whole, livelong year is a subterfuge. The magazine may not be worth twenty-five cents a year. In the days of Gift-Enterprises everybody who did not win the grand prize got a piece of pinchbeck jewelry, or a cheaply printed book. Hence, there was no actual fraud. Still the government suppressed them everywhere as against public policy. The Louisiana Lottery was denied the use of the mails, notwithstanding the fact that it was conducted *honestly*—that is to say, every purchaser of a ticket had the same chance for the three or four grand prizes; and if he got nothing at all, he knew and thoroughly understood that *that* was the risk he paid for, and

which he voluntarily assumed in the hope of receiving Das grosse Loos—the grand prize. Still that corporation, which a whole State was anxious to perpetuate, for part of its revenue went to enrich the State's coffers, was suppressed by the government.

But the present form of separating the gullible public from its hard-earned dollar—or half-dollar—is permitted because—well, is it because that highly vaunted Palladium of our liberties—the press—is profiting by it? and in this instance, as in the instance of the advertising quacks, the money paid the newspapers makes it practically impossible to enact legislation such as will cleanse the columns of that press of advertisements which ought to make every publisher ashamed to have his paper lie on the breakfast table, for fear these foul and reeking suggestions catch the eye of his innocent daughter or son.

In a recent trial in one of the courts of Cleveland, the judge said that a certain procedure was legal, but not honest! And yet we have been taught that intent makes the crime. Is there no help for this questionable use of the mails?

♦ ♦ *Ye Olden Time.*

In the Providence Medical Journal Dr. Donald Churchill gives an account of the early history of medicine in Rhode Island. Just before the Pilgrim Fathers landed in America the way for them had, according to pious persons who profess to be in the counsels of the Almighty, been prepared by a devastating epidemic among the natives. This view is expressed by Cotton Mather with characteristic sympathy and loving-kindness in the following passage:

"The Indians in these parts had newly, even about a year or two before, been visited with such a prodigious pestilence, as carried away not a tenth but nine parts of ten (yea, 'tis said nineteen of twenty) among them, so that the woods were almost cleared of those pernicious creatures to make room for a better growth."

The "pestilence" was probably smallpox. The pilgrims had at first no medical practitioners among them, and sickness was treated by household remedies which they had brought with them, and such simples as they could gather. Probably the first regular physician to arrive in Boston was Dr. John Clarke, a native of Bedfordshire. Born in 1609, he left England in 1631, and lived in Boston till 1638, when he was driven from Massachusetts. He then went to Rhode Island and settled at Portsmouth, and afterwards at Newport. In 1651 he returned to England, where he remained for twelve years, practicing his profession. He procured the Charter of Rhode Island, granted by Charles II in 1663. This charter continued in force in 1842, when it was superseded by the present State Constitution. He then returned to Newport, where he officiated

as pastor of the first Baptist Church, at the same time continuing his medical practice. His portrait, in a close-fitting skull cap, with long locks and venerable flowing beard, is familiar to the eyes of the medical men in Boston. His left hand rests upon a skull, his right hand holds an instrument, as to which Dr. Oliver Wendell Holmes makes the following remarks:

"It is a trephine, a surgical instrument for cutting round pieces out of broken skulls, so as to get at the fragments that have been driven in and lift them up. It has a handle like a gimlet, with a claw like a hammer to lift with, I suppose, which last contrivance I do not see figured in my books. But the point I refer to is this: the old instrument I refer to, the trepan, had a handle like a wimble—what we call a brace or bit stock. The trephine is not mentioned at all in Peter Lowe's book, London, 1634; nor in Wiseman's great work on Surgery, London, 1676; nor in the translation of Dionis published by Jacob Tonson in 1710. In fact, it was only brought into more general use by Cheselden and Sharpe so late as the beginning of the nineteenth century. As John Clarke died in 1676 it is remarkable to see the last fashion in the way of skull-sawing contrivances in his hands—to say nothing of the handle—and a Hey's saw, so-called in England, lying on the table by him, and painted there more than a hundred years before Hey was born. This saw is an old invention, perhaps as old as Hippocrates, and may be seen figured in the *Armamentarium Chirurgicum* of Scultetus, or in the works of Ambroise Paré. Dr. Clarke is said to have received a diploma before he came for skill in lithotomy. He loved horses, as a good many doctors do, and left a good property, as they all ought to do."

He died April 20, 1676, in the sixty-eighth year of his age. It is only recently that the practice of medicine has been regulated in Rhode Island, but in the early days of the settlement the authorities seem to have kept a sharp eye on the exercise of the art of healing. In 1641 Robert Jeffries was authorized by the Government of the Island "to exercise the functions of surgery," and some years later John Cranston seems to have applied for the like privilege, for among the records of the General Assembly is found the following:

"Whereas the Court have taken notice of the great blessing of God on the good endeavors of Captayne John Cranston of Newport both in phisicke and chirurgery, to the great comfort of such as have had occasion to improve his skill and practice, etc. The Court doe therefore unanimously enacte and declare that the said Captaine Cranston is lycenced and commisioned to administer phisicke and practice chirurgery throughout this whole Collony and is by this Court styled and recorded Doctor of Physick and Chirurgery by the Othority of the Generall Assembly of this Collony."

This document bears date March 1, 1664, and is believed by Dr. Churchill to be the very earliest

record of a license to practice medicine in Rhode Island.

♦ ♦

Cinnamon Water as an Antiseptic.

The Medical World in a recent number calls attention to the antiseptic virtues of cinnamon. A few drops of the oil in a glass of water will act as efficiently as a 1-2000 solution of corrosive sublimate. Besides, it is pleasant, cleanly, non-toxic, safe, and cheap. It is one of the ingredients of "Colpos," put up by the Quadrangle Chemical Co. of Chicago, a fine preparation intended expressly for the vaginal douche.

♦ ♦

The Undertow.

You hadn't ought to blame a man for things he
hasn't done,
For books he hasn't written, er for fights he
hasn't won;
The waters may look placid on the surface all
aroun',
An' yet there may be undertow a-keepin' of
him down.
Since the days of Eve and Adam, when the fight
of life began,
It aint been safe, my brethren, for to lightly
judge a man;
He may be tryin' faithful fer to make his life
a go,
An' yet his legs get tangled in the treach'rous
undertow.
He may not lack in learnin', and he may not want
fer brains;
He may be always workin' with the patientest
of pains,
An' yet go unrewarded, an', my friends, how can
we know
What heights he might 'a' climbed to, but for
the undertow.
You've heard the Yankee story of a hen's nest
with a hole,
An' how the hen kep' layin' eggs with all her
might and soul,
Yet never got a settin', nor a single egg, I trow,
That hen was simply kickin' 'gin a hidden
undertow.
There's holes in lots o' hens' nests, an' you've got
to peep below
To see the eggs a-rollin' where they hadn't
ought ter go,
Don't blame a man fer failin' to achieve a laurel
crown
Until you're sure the undertow aint a-draggin'
of him down.

♦ ♦

Obit.

Nancy T. Williams of Augusta, Me., died on July 29, full of years and honors. It was our melancholy pleasure to have known Dr. Williams

for the few years immediately preceding her demise, and to have seen her fade out and become an entirely different personage. Dr. Williams was of our European party in 1900, and it was during that tour that we became convinced that the once bright and genial soul was clouded past all restoration. Memory seemed to have lapsed completely at times. On the steamships it was not unusual to find this gentlewoman wandering about the corridors or out on the deck at all hours of the night. Her actions at times caused us much trouble with others of our party who could not understand why so confirmed an invalid had been admitted to the party. In the main, however, we were always able to restrain her waywardness; and unless closely associated with her, as one would be on a steamer, nothing unusual would be noted. In going abroad in 1900 her great desire was to be present at the unveiling of the Hahnemann monument in Père la Chaise. That was her constant request of us: to be sure and take her there, and, after that, see that she got back home safe. The break-down in this once wonderful woman was sudden as it was pitiful. Her favorite sister had died but a few years before, and this seems to have been the beginning of her own collapse. The homeopathic profession will remember her with kindness for her liberal contributions to the Hahnemann Monument at Washington. As we recall it now, hers was the largest single donation from the profession; and its giving, at the time that it was given, gave a distinct upward bound to the rather lagging subscription list. After we had all stood in Père la Chaise and heard Brothers Léon Simon and François Cartier dedicate that beautiful bronze bust and pedestal, Dr. Williams declared herself satisfied and ready to go home and be at rest. Her life's work was completed. She had seen the glory of the homeopathic master publicly acknowledged on both continents. In her own immediate circle she was esteemed a most lovable character and kind friend. Her hand was always open to the needy and the afflicted. And her estate, if she leaves any, will be very small because of her many beneficences while she yet had the power to bestow them with her own hand. Many a student and undergraduate will hold her memory most dear because of financial aid. And there are others who have possibly forgotten the debt incurred to this broad-gauged warm-hearted sister of the profession. We did not again see Dr. Williams after putting her on the train at Montreal in September, 1900. We heard from her afterwards several times. And then we heard she had been adjudged *non compos mentis*! Fortunately that period did not last over-long, for she was soon called to her reward. She was a good woman, a Christian who gloried in her works rather than in the faith, and a friend to all. She will not soon be forgotten by our profession. And individually we will never forget her,—as she was in her strength and beauty, and not in her later enfeeblement and succeeding

death. Farewell, Sister, and your works do follow after!

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One Reason for the Decadence of Homeopathy.

A little more than a year ago the Medical Standard discussed editorially the decadence of the medical sects—homeopathy and eclecticism. It was shown that in the twenty years from 1880 to 1900 there was an increase in the number of students in the regular medical schools of about 150 per cent., in the homeopathic of only 47 per cent., barely keeping pace with the growth of population, while the eclectic institutions suffered an actual numerical loss. There was also evidence of a corresponding loss in number and influence of the sectarian practitioners throughout the country. Even this is not a full index of their decadence. With the rise of scientific medicine and the improvement of medical schools, regular and sectarian alike, the differences between the methods of treatment are becoming rapidly less and less distinct, so that many physicians are sectarians in name only. Decry bacteriology and other "fads" as one will, it must be admitted that the regular school furnishes the leaders of the new order of things. No wonder that progressive young men prefer rather to get into line with scientific thought than to hitch their little wagons to falling stars.

But one of the most important factors in bringing the sectarian practitioners into the fold is the new spirit of tolerance which has sprung up within us. It was high time that we recognized the fact that these men were not cranks or fools—that they were well-educated gentlemen who had contributed their part, and an important one, to the improvement of our therapeutic methods. As a result of this tolerant spirit the differences are being broken down more and more, as shown by the frequent application of homeopaths for admission into our medical societies. An example is that of a prominent Chicago surgeon, lately professor in a local homeopathic institution, who, it is said, has applied for admission into the Chicago Medical Society, thereby practically renouncing homeopathy as a distinctive method of practice. If we meet homeopaths and eclectics halfway it is likely that such instances will be multiplied.—Med Standard.

Ah, but the pity of it! To be pitied by our former enemies is gall and wormwood to sensitive souls. Beat us and maltreat us to your heart's content, but don't, please don't, don't pity us! In those wonderful statistics which were handed down from the Cleveland Institute meeting, was anything said concerning the 150 per cent. increase of students in allopathic colleges? Go to, of course not. All the homeopaths cared to know was, how much greater we were, as a general body (who still thought ourselves homeopaths by

virtue of our ancient diplomas—many of them got, God only knows how!—) than we were fifty years ago. But in every other relation the world has stood still. We still ride on trains at twenty-five miles an hour. We have no trolley-cars. We have no telephones or phonographs. We know nothing of bacteriology, of the X-ray, or of serum therapy. All we know, or want to know, in order not to be frightened, is that, whereas, comparatively speaking, we had but ten homeopathic physicians in 1850, now we have forty or more. Wonderful statistics! We stick our addled heads in the sand and fancy that no part of our anatomy is visible. Has not the Medical Standard a large share of right on his side in what he has said? Is it not true that this Chicago surgeon did resign from the homeopathic school—lock, stock, and barrel—and go over, with all his impedimenta, to the allopaths? And is it not true that this same convert still assists in editing a homeopathic journal? Is it not, also, true that several of our Buffalo Institute members—specialists—have gone over to the American Medical Association, and that one of these was reappointed to an important Institute position? And who is responsible for this decadence and later exodus? Why, the alleged homeopathic colleges which have not taught homeopathy: but have given their bone and sinew in instructing their classes in material things, the ponderables, the knife and the speculum. That's where the fault lies. Deny it who dare! And add to this, what the Medical Standard could not, of course, know when it wrote this quoted article, that the American Institute of Homeopathy has publicly attested its lack of faith in itself by permitting the specialists—who are not homeopaths by first intention—to dismantle the altar of Homeopathy and make its temple an aggregation of altars to the various idols of specialism. Dare we deny the implied accusation of the allopaths that we are rapidly disappearing from the face of medicine?

—There is danger that the juice of cornsilk medicine may advance or that the yield of corn may decrease because of the demand for the silk. Some farmers near Indianapolis had three women arrested for denuding their cornplants of their silk, whereby hundreds of bushels of corn were prevented from filling. They implicated the pharmaceutical firm of McCoy-Howe, and these men were arrested, but were cleared on their testimony that they simply bought the silk, not knowing where it was obtained. This may serve as a warning pointer to our farmer subscribers near other cities.

Book Reviews.

A TEXT-BOOK OF OBSTETRICS. By BARTON COOKE HIRST, M. D., Professor of Obstetrics in the University of Pennsylvania, Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospital, etc. Third edition, thoroughly Revised, with 704 Illustrations, 36 of them in Colors. Philadelphia and London: W. B. Saunders & Co., 1902.

This is a fine book, viewed from the standpoint of the student at college and as well from that of the practitioner. The author has given the profession a work on obstetrics which takes us back to the olden time when obstetrics meant a distinct branch of learning, and had not become an addenda to the more modern gynecology. It reminds us of that time when physicians made a specialty of Diseases of Women (as Ludlam called his book) and of children, and were not above doing midwifery. In this day, with so few babies in American families, the fashion to be a good obstetrician has fallen away very greatly with the older and more successful men, and gone to the younger men, who make use of the practice as a wedge to gain entrée into families in the immediate neighborhood. But Dr. Hirst has depicted this specialty in such prime colors that we older folks take up his book and read it with old-time relish. It is filled with the very latest information on this all-important subject, and omits no detail that may come of service to the reader, student, and practitioner. The illustrations are graphic, many of them done in half-tone and, of course, from photographs; thus lending the charm of verisimilitude to the matter. His letter-press is very excellent, and reads like a heart-to-heart talk with the editor of the *Philistine*. It is pleasant to meet with an author who finds enough matter upon which to write interestingly without introducing long chapters on the past treatments and operations. And Dr. Hirst has this very happy talent of making his subject matter always new and original and, hence, interesting and instructive. If the practitioner observes some of the rules laid down by this author, we fear that the gynecologist will have slim picking from such obstetrical practice. The publishers, W. B. Saunders & Co., have added value to this good work by casting it in durable shape, handy for instant use, and handsomely printed. We certainly recommend this as one of the finest works upon this subject which has come to us for several years.

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MORPHINISM AND NARCOMANIA from Opium, Cocain, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medico-legal Relations. By T. D. CROTHERS, M. D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo of 351 pages. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$2.00 net.

The alarming increase, in the last few years, of morphomania and the associated various narcomanias imperatively demands immediate attention by the medical profession. Every year the

increasing prominence of this psychosis calls for more exact studies, with a fuller recognition of the conditions and causes of the disease. Medico-legally, questions of responsibility have been asked with increasing frequency, and there has been no literature and no study of the subject to afford an intelligent answer until this present volume was initiated.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplished. The work gives a general preliminary survey of this new field of psychopathy, and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown. The author shows his absolute familiarity with his subject in the clear, concise, and in every way admirable work which he has given to the profession, whom he has placed under merited obligations.

The first chapter of this interesting book deals with a history of Morphinism, which reads like a leaf out of De Quincey's "Opium Eaters." It is very realistic and worth reading a second time. The author has the charm of a novelist in his descriptive matter. In truth, the entire volume is well prepared and will repay a careful study both as a physician and as a general reader. The two closing chapters deal with other narcotics and their addiction. A reading of these chapters will be a surprise to many a physician.

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LITERARY NOTES.

—The American Monthly Review of Reviews for September has a cover picture of "Nebraska Farmers Trekking into Western Canada, 1902," which ought to set the American politician—using that much abused word in its original and true meaning—to thinking. There must be something radically wrong somewhere when so many of our hardiest and best farmers of the northwest are willing to abandon their United States farms, become exiles and expatriate themselves, in order to become inhabitants of another country and power. Where lies the difficulty? Is this too a result of the trust problems which our strenuous President is attempting to explain in his swing around the circle; but which he does not seem to satisfactorily meet? The article which accompanies the picture referred to, by Cy. Warman, is one which should interest every lover of the United States. The Editor handles these several problems in his usual masterly fashion; and it is gratifying to learn that we are prosperous and with every prospect of continued success, notwithstanding the coal strike, the beef merger, and the dozen or two other disagreeable political things which are keeping our citizens busy thinking. Among the many engravings of

this number, all whereof are good and to the point, we find a reproduction of that excellent shirt-bosom and princely bonhomie of William H. Taft. No wonder the cigar-people named a popular brand of tobacco after this shirt-front and adnexa. Fancy how that heaving bosom could sway the Philipinos or the Vatican. It's grand to be a big man, avoirdupoisly, and shirt-frontly. We also find a picture of Adj. General Corbin, who is now instructing the German Emperor in uniforms and military tactics. As one of our quippy and irreverent paragraphers has put it, what a beastly shame it would be if some foreign power should conclude to levy war upon us while the *de facto* General of the Army is in Berlin, and the *de jure* General is in Manila! All these little criticisms, however, have naught to do with the value of this elegant and always trustworthy monthly. In every way it is worthy of credence and absolute trust. Our profession, in particular, with so little time to read the news—or the alleged news of the day—day by day, will find this periodical especially suited to its needs, in that it presents the actual news in small compass, and in a manner of diction which is impressive and lasting.

—Lippincott's for September, contains several short stories which are very fine, notably the "Won't Go Home" and "The Hidden Man." The large story, which opens the book, "A Bit of Human Nature," is well presented and holds the interest from the first to the last page. "A Judgment on Them" is a very peculiar story, one to be read with bated breath because of its weirdness and almost improbability. It is very sad, but, like the good books intended for youth, ends satisfactorily. One other thing is always true of Lippincott's—not to forget their Walnuts and Wine—and that is the very fine advertisements which they carry. There is never an objectionable one. And it is a treat to browse in those pages and note what the progressive world has to offer.

W. M. Goode's cartoons still continue to interest and amuse the many readers of this enjoyable magazine.

—The Century Illustrated Monthly Magazine is running "The Confessions of a Wife" with all its deviousness and apparent candor. There is doubtlessly a great deal of charm in this pitiful unmasking of a woman's inner heart; but some of us old-fogyish people are of the opinion that things done of this nature, and thoughts thought of this kind, are best confined to the privacy of the bed-chamber. It is said that nothing that a husband and wife can do is bad so long as they do not tell of it. Confessions are ridiculous things at best. There is a species of pride in unreeling one's long period of wickedness and gloating in the success with which the friends and relatives have been hoodwinked. A "Study of Pelée" is interesting to all readers. It is presented in a readable form, free of the techni-

calities of a half-dozen savants who permit themselves to argue upon hypothetical points from scientific premisses. The pictures which accompany this article, most graphically depict the awful horror of the situation at Martinique. "Chapters from the Biography of a Prairie Girl" are as breezy and wholesome as the breezes from the veritable prairie of which they speak. The general tone of this superb magazine has not been lowered in any way, notwithstanding the great flood of other and cheaper literary products which are elbowing the market. Century has adhered to its high ideal, keeping to its original idea of pure and instructive fiction and fact, regardless of the catch-penny devices of its horde of imitators.

—St. Nicholas needs no special encomium from this editor to bring its merits before the medical public. Our children, who have been reading this splendid monthly journal since they could read, and who looked at its pictures and had the stories read and explained to them even before that time, still continue to be worshipers at this same fount of literature; although the boy has long since discarded knickerbockers, and the girls are wearing long dresses. Even the grown-up folks permit themselves a frequent reading of the finely drawn stories, which while, in many instances, bordering upon the romantic never become quixotic, and never mislead a boy or girl into a craving of an adventurous life that would merely land them among conditions destructive of true manhood and womanhood. The stories of St. Nicholas are always wholesome and good to read.

Globules.

—Appreciating the superior quality of G. H. Munmm & Co.'s Extra Dry Champagne, that brand was used exclusively at the banquet of the American Pharmaceutical Association in celebration of their fiftieth anniversary, held at Horticultural Hall, Philadelphia, Thursday evening, September 11th.

—We are credibly informed that the following Iowa towns are without homeopathic physicians: Sheffield, Iowa Falls, and Bristow.

—The morning papers are filled with that masterly operation upon the President's shin-bone. We are sorry that our President must have aches and pains like the rest of us poor mortals, and that after he has been first bidden to take off his shoes and stockings it was modified to take off one shoe and one stocking, and that he was covered with a clean white blanket and "toted" in a wheelbarrow, and so forth, and so forth. It is something perhaps a little remarkable that the Indianapolis hospital has a clean white blanket. Or perhaps they only use that kind for Presidential patients. The newspaper minutiae are thoroughly disgusting. We are liable to have a

repetition of the melancholy McKinley days. Nothing is too minute, or too sacred, to be stirred up and hashed up and printed with flaring three-ly headlines. Why should a severe bump on the shin-bone of a man in perfect athletic health; a man without bad habits, in constant pugilistic training, cause so much furore? But it sells papers. And someone has said that that was why the Spanish war was precipitated and fought. When the President's boy lay sick of pneumonia, the hysteric press was publishing all manner of rumors, and flying all forms of possible danger signals. The boy is a hardy boy coming of a hardy stock, and was in no more danger than thousands of other boys of his age are every winter, as every physician knows. Out upon this undemocratic hero-worship which does not expend itself upon a grand, common-sense, democratic, self-thinking, independent President, but includes everything down to the remotest degree of kinship. How the foreign nations,—the effete nations,—who bow down to the Divine Right, must hug themselves and smile a sarcastic, meanful, smile, when they note the toadyism of our republican institutions and press—principally the latter! The President has received a rather severe bump upon his shin bone, which, as we recall our anatomy, is a tender and very painful spot; but there is no more reason for his having septic poison, than any the commonest laborer, or football player. If he had been just an ordinary lawyer or business man carrying no accident insurance he would have sued the trolley corporation, and after having bound up his leg for a few days and rested it he would have been all right and the whole wide world would have been at rest. But being President, his stall-fed advisers and sycophants, must put him on a pedestal—or rather into an Indianapolis hospital, cover him with a clean, white blanket, and issue hourly bulletins. No, we do not blame President Roosevelt. He would be the last man, lastly, to parade himself in the newspapers. He is a modest, sensible, democratic man and gentleman, and our choice for re-election. But save us from our friends!

—E. Mather, M. D., has moved from Birmingham to 80 Park Place, Detroit.

—The Homeopathic Medical College of Missouri (St. Louis) appears before the profession with its forty-fifth annual announcement, which is replete with the usual information for the guidance of young men and women who are disposed to take up the study of medicine. We are glad still to note the names of professors who were our teachers when we sat in the last class which met in the old Carr and Tenth Street building—probably as disreputable a neighborhood as any medical college could desire in order to get clinical cases—though in the main the faculty has changed. Dr. James A. Campbell still holds the portfolio of eyes and ears, as he did in the days when we tried to follow him with a rather

rapid short-hand pen and ingloriously failed. But he was always good to us and the others of the class, and we, personally and collectively, who are now become touched of the sere and yellow of advancing years, look back to those trying days and thank him and Morgan and Schott for their uniform kindness and consideration to the classes. Neither of these homeopathic giants had a single member of any class ever raise a hand or voice against them. They were and continue to be typical teachers. They united the happy faculty of teaching the class and holding their esteem and affection at the same time. We would like to have seen the name of Richardson in this roster. But he is doubtlessly too busy to give his time to teaching. And dear Father Comstock still heads the list. May they all live long and prosper! This is a good homeopathic school. It has turned out some fine men and women, who have stood true to the teaching of homeopathy. When Dr. Campbell was here, in Cleveland, during the Institute meeting, he had a list of medical-editors which his college—our alma mater—had sent into the profession, and it was a goodly list. The classes have never been very large, but the instruction was always good and straight and homeopathic.

—Dr. Biggar has returned from Carlsbad, and brought his distinguished patient home with him. So that so far his diagnosis and predictions have been true. The patient was able to undergo a sea voyage. The other physicians opposed his being moved. Dr. Biggar has great hopes of making his patient very comfortable.

—The twelfth annual announcement of Dunham Medical College and Post-Graduate School of Homeopathies of Chicago is filled with the usual paragraphs found in all medical announcements, even to the unique Y. M. C. A. privileges granted this school. It has some strong names in its faculty, notably those of Dr. J. T. Kent, Harvey Farrington (son of the Farrington who gave us that fine materia medica), Pierson, the talented editor of the Hahnemannian Advocate, McIntyre, Waring, and others. It also contains the name of a lady who cut off her subscription with us because we did not believe in the Organon and Hahnemannian homeopathy! And when we wrote a letter asking for the instances alleged, returned the letter unopened! One point is especially prominent indeed, so plain that a way-faring man could not fail of noting it, namely that this school emphasizes the teaching of Hahnemann to the last degree of the last issue of the Organon. And its graduates, so far as we know, are good prescribers and true to the faith. What better recommendation for a homeopathic school?

—The Nineteenth Annual Session of the Southern Homeopathic Medical Association will be held at the Galt House, Louisville, Ky., October 21, 22, 23, 1902.

A one and one-third fare on all railroads enter-

ing Louisville has been granted on the certificate plan. The well-known Galt House has been chosen as headquarters. A rate to members of \$1.50 per day, European plan, will be given.

The Local Committee are very anxious to do everything in their power to make the meeting a success, and hope that every member of the Association will be present to lend his aid. The social features of the meeting will embrace a trolley ride over the city given by the local committee, and on the second evening a reception and musical given by Dr. and Mrs. Monroe, at their home.

The address of the President, Susan M. Hicks, M. D., is "The Grand," Atlanta, Ga.

—Dr. George S. Adams has resigned as superintendent of the Insane Hospital at Westboro, Mass., in order to associate himself with Dr. A. J. Givens at the latter's sanitarium at Stamford, Conn. Dr. Givens found the responsibility of more than 180 cases and the necessary detail of administration in caring for his large institution too great a task, and Dr. Adams goes to him to relieve him of much of the medical care.

—In a paper on substitution read before the Kentucky Pharmaceutical Association at its recent meeting, C. J. Rosenham took the ground that inducing the customer to buy one thing when another was called for was not only not wrong, but highly to be recommended as good salesmanship. To do this, he said, requires good judgment and tact. To wrap and deliver a bottle of one make of a proprietary article when another make was asked for, without saying anything about it to the customer, was not only wrong, but stupid, and to substitute in filling prescriptions was criminal. He was very severe on druggists who taught their clerks to substitute. In closing he said: "Substitution is ruinous. Teaching it to employees is damnable."

—The next meeting of the Southern Homeopathic Medical Association will occur in Louisville October 21, 22, and 23. This meeting will be the pleasantest in the history of the association and the largest in point of attendance. The local committee are working like beavers and pressure is being brought to get the largest possible attendance from all points accessible to Louisville. The grand and historic old Galt House will be headquarters. This is the largest hotel in the city and contains assembly rooms and many conveniences for such a convention. It is now run on the European plan and rooms can be obtained for \$1.50 per day and lodgers can eat where they please, though the cuisine of the Galt House is unsurpassed anywhere. This is the house of which Dickens said in his American Notes, "We were as well housed and fed as though in the heart of London."

Visiting members are requested to bring their wives and daughters, and even their sisters, their cousins, and their aunts with them, as amusement features will not be overlooked, including a trolley

ride through one of the most beautiful cities in the world, and a wagon ride through Cherokee Park, a sylvan retreat of rare beauty, containing the grandest of beech groves. There will also be a reception and musicale at the residence of Dr. Monroe and other social features. The scientific part of the meeting is being thoroughly attended to by the chairman of bureaux, but the local committee of arrangements is most anxious that our brethren of the North, East and West come and enjoy a few days of Southern hospitality.—A. Leight Monroe, Chairman.

—A young Hoosier nearly killed his sleeping brother with an ax, while asleep himself. They have both fought each other in their sleep. This condition has been brought about by the effect on their minds of the murder of a brother a year ago.

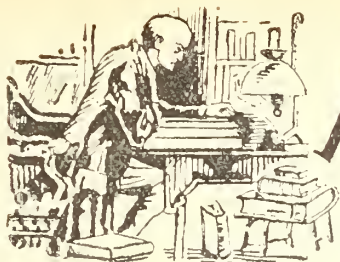
—Indiana now has, but doesn't boast of it, a "genuine dynamomized homeopathic" pill plant, at South Bend, the great patent-medicine headquarters, à la Humphrey, Munyon, Ballantine, et al., with "70 remedies for 70 different diseases."

—During the progress of labor, as the head is emerging, an excellent way to protect the perineum without soiling the hand is to press a towel wet with a weak bichlorid solution against the perineum. As one part is soiled it is folded under, and a fresh portion applied.—J. H. Cloud, M. D.

—Dr. Wm. A. Humphrey of Toledo, President of the Obstetrical Society of the American Institute of Homeopathy, and Dr. B. H. Ogden of St. Paul, secretary, call attention to the fact that under the new Constitution and By-Laws of the A. I. H., steps were taken at Cleveland to complete the organization of the Obstetrical Society of the A. I. H.; that the preliminary organization was formed at Richfield Springs; that new officers were elected; but that no Constitution or By-Laws has been adopted. In order to have the subject of Obstetrics presented at the next session of the Institute, prompt measures must be adopted to secure material for the next meeting. The Association is entirely without funds from which to draw to perfect the organization, prepare programmes and to meet other expenses necessarily incurred in getting ready for the meeting at Boston. It is, therefore, requested that each one who has signified his intention of becoming a member of the Obstetrical Society of the A. I. H. send to the Secretary and Treasurer, Dr. B. H. Ogden, of St. Paul, Minn., \$2 toward defraying these expenses, which amount will be applied upon dues and initiation fees for 1902. A request is made for papers and titles at once.

The American Physician.

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Medical Progress

Ptomaine Poisoning.

Alex. Rixa, M. D., in Med. Summary, New York:

During the summer of 1901 I had, perchance, more cases of ptomaine poisoning than in all my previous twenty-nine years of practice. I presume that the prevalence was greatly due to the extraordinary heat of the year. Notwithstanding the severity of some of the cases, my patients all recovered.

Before entering into a detailed description of some of the most severe cases, a definition of the word "ptomaine," with some views of competent authors, will be well placed here.

"Ptomaine," says V. C. Vaughan, "may be defined as an organic chemical compound, basic in character and formed by the action of bacteria on nitrogenous matter." He further states that "some fish are always poisonous. Others are poisonous, or at least markedly so, only during the spawning season. Still others are subject to epidemic bacterial diseases, and those affected with certain of these diseases furnish flesh that is toxic to man, or in other words, the bacterial disease is transmitted to man with his food. Lastly, fish, like other kinds of meat, may become infected with saprophytic germs that may harm man."

Schmidt says: "The poisonous substance is not distributed throughout the animal, but is confined to certain parts. The poisonous portion cannot be distinguished from the non-poisonous, either macroscopically or microscopically."

I treated altogether twelve cases, of which nine were fish, and three lobster poisoning.

The best illustration of a severe case of fish poisoning, is the case of William R., a grocer, thirty-two years of age, of robust and good health. He made his lunch of fish (none in the family could give me any information about the class of fish). It was an unusually hot day, in the month of July. He felt no discomfort until after midnight that day, when he was awakened by nausea and griping pain in his bowels. Soon vomiting set in of mucus, colored with bile.

When I was summoned, I found the man with cold perspiration pouring down his face. Soon after, fever set in to a temperature of 102; pulse, 140; respiration about 40, shallow and irregular. Pain in the stomach and intestines, with great sensitiveness on pressure. I proceeded to wash his stomach and large intestines, administering right after a dose of five grains of calomel, following it up, the coming morning, with a bottle of citrate of magnesia, for the cleansing of the small intestines. Morning's temperature, 101; pulse, 130; with excessive tenderness to the digestive tract. Second day, temperature the same, pulse more firm; sensitiveness to stomach and bowels diminished; having had a number of watery stools during previous day and night. I prescribed an antiseptic intestinal wash, Glycozone, two ounces, hot water, twenty-four ounces, for mornings and evenings. At my evening's call the temperature was 100; pulse, 110; respiration, 28. Having had some favorable experience with the internal use of Glycozone in acute gastritis, I then prescribed a teaspoonful to be given, diluted with water, every three hours. This treatment was kept up for a week, until all unfavorable symptoms disappeared.

The other case of serious nature was a lobster poisoning. Mrs. M. S., about twenty-five years of age, was eating a "fresh" lobster in a first-class restaurant, at night, after a theater performance. She felt some discomfort right after eating it, but thought to counteract it by drinking a big dose of whisky. She slept all night without disturbance. However, in the morning, when I was summoned, I found her suffering from nausea, vertigo, ringing in the ears, "like big bells," as she expressed it, pain in all the joints, and griping pain in the bowels; no stool. Temperature, 101.5; pulse, 140; respiration, 36. The same treatment as above was prescribed, and the woman made a quick recovery.

All other cases were treated similarly, with gratifying results.

However, taking good advice from my first case, I started with the antiseptic treatment at once, as I don't know of any better remedy to stop vomiting than Glycozone.

"Are you in Pain?"

You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the Boston Medical and Surgical Reporter, by Hugo Engel, A. M., M. D. The author says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In ninety-two per cent. of all cases it immediately stops the pain." Farther on, Dr. Dr. Engel compares Antikamnia with the other coal-tar derivatives. He says that while some of these are valuable remedies for the relief of pain, "not one of them is so certain in its effect in comparatively as small a dose and so prompt in giving relief as Antikamnia in every kind of pain." This uniformity in its action leads him to believe that Antikamnia possesses properties differing from the other coal-tar products, while it is certainly free from danger, if given in anything like reasonable quantities, which is not the case with other products from coal-tar. Five-Grain Antikamnia Tablets afford the most accurate and convenient form for administration.



—Derangements of the digestive tract, especially when the intestinal portion is involved, often necessitates a long, tedious course of treatment and this is more marked in chronic cases, as entero-colitis. If this condition was primarily due to a derangement in the tract proper, better results could be obtained, but it is often secondary to disease of the liver and heart and is just as often found in weak and anæmic patients. Again, these patients are able to digest certain articles of diet, and others are passed as if they were foreign bodies. With these conditions present, naturally our line of treatment should be towards restoring the deranged organs to a normal condition, and at the same time help the indigestion.

Frequent examinations of the feces have demonstrated that one or more of the digestive ferments are either absent or else in a diminished amount, and consequently we should restore the function of these organs or supply the deficiency. To supply the deficiency we have Peptenzyme,

which contains the different digestive ferments, not separated by chemical process, but derived from the different organs by a mechanical method, which does not chemically alter or destroy any of their functions. In addition it has a medicinal action, in that it seems to stimulate to activity any glands whose secreting function has stopped, or acts very slightly.—Medical Progress.

—Electro-Therapeutics, Radiography, Thermo- and Hydro-Therapeutics are practically and thoroughly covered in the Journal of Advanced Therapeutics (800 pages, issued monthly, \$3 per year.)

The reader is invited to join the "Founders" Club, and to all who order during 1902 the price is \$2 for the first and *each succeeding* year. It is only requisite that you address following order to "Advanced Therapeutics," 156 Fifth Ave., New York. "Send me until countermanded (to Dec., 1902, free) the Journal commencing Jan., 1903, per year \$2, for which I will pay at the close of the year."

—All four of Manager Proctor's New York theaters are now open for the season; in fact, the Fifty-eighth Street was the only theater on the Proctor Circuit which closed during the Summer. Extensive alterations and a complete refitting of the interior of this popular East-Side house have been accomplished during the period of closure. New scenery has been placed upon the stage and the Permanent Stock Co. will be well provided with accessories for the artistic presentation of the comedies which will be presented during the season. Frederic Bond, general stage director of the Proctor Stock Co., will head the Fifty-eighth Street's Winter organization. Grace Huntington, Dorothy Lewis, Florence Gerald, Robert V. Ferguson and Richard Lyle will be other members.

The One Hundred and Twenty-fifth Street's permanent will include many of last season's favorites. Adelaide Keim will be leading lady and Ned Howard Fowler will be leading man. Others will be Sol Aiken, Chas. M. Seay, Sadie Handy, Hudson Liston, Ivah M. Wills and Loretta Healey.

At the Fifth Avenue James Wilson will be the leading man with a strong working company of favorites. Florence Reed, Mrs. Ada Levick, Margaret Kenmore, Florence Leslie, Frank A. Thompson, George Edwin Bryant, Charles W. King and Paul McAllister will be located on Broadway.

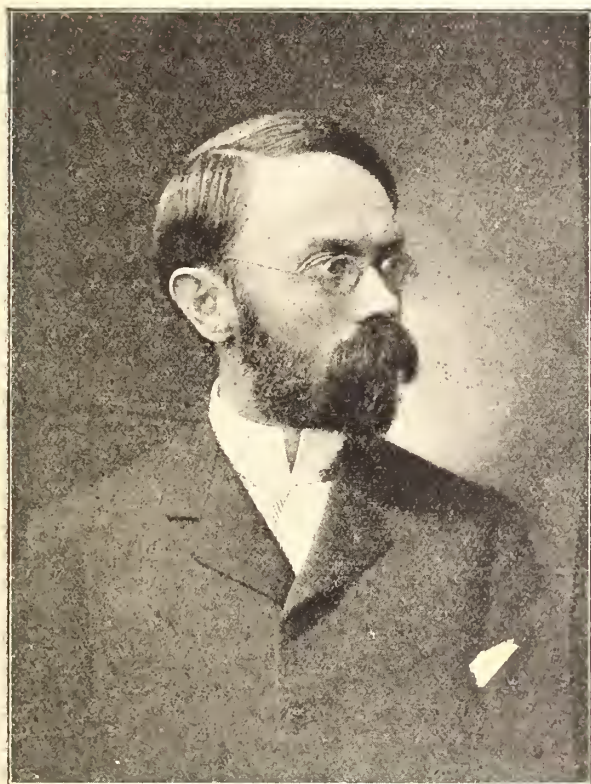
The Twenty-third Street will continue presentations of refined vaudeville in continuous performance. The best American and European vaudeville novelties will be seen at this house as well as at Proctor's Newark Theater. Proctor's Montreal and Albany theaters will have Stock Co. presentations of the best comedies with occasional bills of vaudeville by way of variation.

The American Physician

NOVEMBER, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



CHARLES E. SAWYER, M. D.,
MARION, O.

EVER since we began the practice of medicine we have been telling a boiler-plate story of the man who, having lain down after dinner for forty winks, awoke presently with a dark-brown choking sensation and instantly missed a plate of teeth. He called for help, as much as his suffocating condition would permit; and at length took a train to the nearest city, where he was admitted to the hospital and thoroughly examined and the teeth, after several had taken turns in dislodging them, pushed into the stomach by a rather awkward move, in turn, by the excited interne. Next morning, while the poor

man, who had spent a night in direst agony with the sharp edges of the plate riding all over his stomach, was being prepared for the masterly operation of stomachotomy, a telegram was received which read: "Come home; teeth found under the bed."

* * *

AS we were saying, we have told this story and heard it told for nearly twenty years, and like that other "process"-story of the diagnosed colloid tumor which, during the night, proved to be a hale and hearty baby, it was ascribed to different hospitals and different internes and surgeons. Now, behold how history or boiler-plate, or, rather, dental-plate history repeats itself.

* * *

A FEW days ago an aged and veracious and tax-paying citizen of our municipality awoke from a nap to find that his dental-plate had meandered downward toward his within'nards. (This is a true story this time. Name, age, and present political condition to be had on application. The morning papers are full of it.) He went to a hospital. There the gentlemanly, white-jacketed, carefully hair-brushed interne could trace the plate just below the larynx, but too far down to return via their original route. An eminent specialist was called in with an X-ray machine, who instantly put all doubt to flight as to the exact locality of the intruding and obtruding plate, by turning on the "juice," looking through the victim and locating the dental-accessory just a few micrometers or kilometers or whatever the scientific French term is for a few inches below Poupart's point near the thymus gland. That plate is in existence to-day to verify the exactness and certainty of present-day science.

* * *

ANOTHER eminent man, a surgeon this time, who had looked upon the plate—the X-ray

plate—by second intention—decided to operate by performing an oesophagotomy—which the morning papers carefully spelled out and explained; and after doing this with all the necessary aseptic precautions in all such cases made and provided, and the assistance of a bench of other surgeons, and an outer ring of sweet-faced nurses, no plate could be found! The curtain was about to be run down upon this act without its necessary climax, when a lone horseman might have been seen coming over a distant hill; but he wasn't; for he wasn't coming over any hill; and he wasn't a man; for, in this instance, it was a pretty little maiden, a distant relative by marriage and consanguinity of the unconscious man, who arrived at the surgery-door with the plate—the dental-plate—in her hand! She had had more wit than her relative; had kept her head on her shoulders; and as soon as she learned of the accident, made a diligent search and found the plate in the bed-clothing. Possibly she was of the many hundred to whom we, or other members of our profession, have told this "process"-story, at the head of this article. Any way there were the teeth in her hand, and not in the stomach of the man on the table. And the surgeons, like the King of France's men, having gone up the hill, at once went down again! That is, they sewed up the wound.

* * *

AND the operation was successful. The patient is Dead.

* * *

WHAT interests us individually, and all other of the modern craft of general practitioner collectively, is the fact of the unimpeachable veracity and dead-sureness of modern science. For if the X-ray machine is worth anything at all besides showing the country-gawk the bones of his hand with a cheap brass ring on the second finger, it is to look into and through a man and discover that which is hidden from ordinary first sight of human eyes; in other words, to give second-sight, or clairvoyance, to the eyes of modern specialists at five dollars per. But one such deplorable fact like this, where a man puts his teeth under his pillow instead of into his stomach will upset a Minneapolis flour-barrel full of theories.

It is like the scientific accuracy with which the Klebs-Loeffler bacillus was diagnosticated to always mean diphtheria, until some other wise

guy found the same club-footed bacillus in throats that had no diphtheria, and found diphtheria where there were no club-fingered bacillus. Great is Science and Mighty to Prevail—in scientific text-books—and from the plates (dental) of modern carpet-knight medical professors! Now we will be able to tell that dental-plate story of ours with a great deal more spirit and certitude, for have we not now a modern instance; with dates, house number, and Christian name? Sir?

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January or December each year.)

Cactus.

L. W., in Eclectic Medical Journal, in speaking of this remedy, says: Cactus is a heart regulator; especially in functional lesions, cactus acts well and even in abnormal structural conditions, cactus, while not causing a cure, markedly relieves irregularity, tension, and the feeling of distress and irritability accompanying these states. Cactus is of value in the cardiac palpitation and nervous irritability so common in females during the menopause, and will prove a boon to the physician and his patient when used judiciously.

In tobacco heart there is hardly a cardiac remedy known to the writer that will relieve so promptly; in this case one dram of the medicine is added to four ounces of water; dose, teaspoonful every two hours. Cactus has been regularly used for the last twenty-five years and is one of the remedies we are never without. In hysterical cardiac troubles cactus is the remedy par excellence; it allays the nervous excitability upon which the rapid and irregular heart action depends, and soothes the turbulent and agitated patient into quietude and rest. The remedy will often be indicated in dysmenorrhea; not that it is a pain reliever, but that it relieves the functional cardiac disturbances frequently arising in this trouble. Cactus is valuable as a remedy in the rapid and feeble heart-beat of anæmia and chlorosis; it will relieve the cardiac palpitation and nervous fluttering in so far as these are due to functional wrongs; but it will not cure anæmia, and is only useful in this disease to relieve the cardiac symptoms while the patient is being restored to health by hygienic, dietary, and ferruginous treatment. Several of our female patients have come to learn of the beneficial results of cactus in case of cardiac palpitation and nervous or functional heart troubles, and it is not uncommon for the husband or some member of the family to call for some of that "green

heart medicine." It has become a family remedy. The amount of the remedy added to water or other vehicle is from ten drops to two drams, water $\mathfrak{z}\text{iv}$; the dose is usually a teaspoonful of this mixture every two or four hours.

Sulphur in a Case of Conjunctivitis.

Dr. Choudhury: ⁹ Patient, Mohammedan male, aged about seventeen years, came to dispensary the 3d of November, 1901, to be treated for the affection.

History and symptoms of the case: A fly (insect of some kind) fell on the right eye near the inner canthus two days previous to his first attendance to dispensary; had exposure to sun the same day, and during that exposure he bathed while he was hot.

Redness more marked near the inner canthus; the left eye, too, somewhat red, but not painful; lachrymation from right eye; watery discharge from the right nostril; previous night earache of the right side; gritty sensation in the right one; photophobia; agglutination of lid of right eye; burning sensation of right eye; heaviness of head of right side; no fever; no stool previous day; one stool the day he came to dispensary; stool with slight bad smell; threadworms now and then; urine sometimes colored; appetite not good; insipid taste in mouth; sleep not good.

He was given sulphur 200, one dose. The next day reported improvement, and the medicine was repeated one dose. He attended dispensary till the 10th inst., getting placebo, and recovered.

Remarks.—Sulphur is almost a specific in the treatment of conjunctivitis. I have used it in conjunctivitis in many scores, if not many hundred of cases and much success in almost all cases. So much sure of success with it that I prescribe it in every case that comes without giving time to select other indicated medicine. My readers are requested to try sulph. 200 in conjunctivitis and publish result in the Recorder.

Heart Remedies.

For the benefit of younger practitioners who have been prescribing drugs too frequently to induce physiological effects in heart diseases.—rarely, perhaps, making a homeopathic prescription.—Dr. Chas. Mohr ⁵ briefly outlines the prominent conditions indicating the above-mentioned agents.

Actea Racemosa.—Heart affected by rheumatic poison; recurring attacks of pain resembling angina pectoris; left arm feels as if bound to the side; gloominess.

Arnica.—Cardiac hypertrophy of laborers or athletes; dyspnoea due to fatty heart; great soreness of heart- or chest-walls.

Arsenicum.—Endocarditis and hypertrophy;

septic conditions; fatty-granular degeneration; feebleness of heart with constant fainting; angina pectoris; precordial pain and anxiety; great aggravation from ascending stairs or climbing hills.

Cactus Grandiflorus.—Acute carditis; hypertrophy; valvular disease; aneurism; spasm of heart, causing it to feel as if compressed with an iron band or clutched by an iron hand; soreness and constrictive sensations.

Kali Carbonicum.—Cardiac asthma; attacks at 2 A. M.; dyspnoea so great must sit up in bed, leaning forward; cardiac cough; exophthalmic goiter.

Kalmia Latifolia.—Cardiac rheumatism; much pain, with slow, weak pulse; valvular insufficiency; pains in rheumatic joints shift suddenly to heart; numbness of left arm; heart intermits every third or fourth beat; shooting pains through the chest to scapula.

Lachesis.—Sympathetic cough of cardiac disease; tremulous irritability of the heart; angina pectoris; conditions worse after any sleep; especially cyanosis, and sense of suffocation.

Lithium Carbonicum.—Heart seriously damaged from acute rheumatism; renal complications; throbbing and dull stitches in precordium; pressure in region of heart while urinating.

Lycopus Virginicus.—Exophthalmic goiter; constriction; tenderness; irregular action of heart; cyanosis; rheumatic pains.

Naja Tripudians.—Chronic nervous palpitation; in young subjects valvular murmurs after acute rheumatism, or endocardial murmurs following scarlatina; sympathetic pains arising from other organs, especially ovaries; constriction and dyspnoea in evening.

Phosphorus.—Fatty degeneration of the heart associated with fatty degeneration of other tissues and organs; right ventricle most affected; venous stagnation.

Rhus Toxicodendron.—Hypertrophy from overexertion; pulse quick, weak, irregular, intermittent, with numbness of left arm; trembling and palpitation when sitting still.

Spigelia.—Violent palpitation, with great pressure on the chest; shooting pains through heart and down left arm, over the chest and down the spine; rheumatic carditis; pericarditis; endocarditis; darting and lacerating pains during acute exacerbations; palpitations due to worms; dyspnoea, compelling patient to sit bolt upright.

Spongia.—Frightful pain, palpitation and dyspnoea, with livid lips and fear of death; fibrinous deposits upon the valves; sudden awakening at night with sense of suffocation; orthopnoea; cough and concomitants of aneurism; exophthalmic goiter.

Sulphur.—Any chronic case where there seems to be a surging of blood to the heart, producing palpitation, gasping for breath, and sensation as if heart were too big for the chest, with other well-known sulphur symptoms.

Xanthoxylum in Leucorrhœa.

S. C. Ghose, M. D.,⁹ has formulated the following indications for the use of this remedy: Watery, acrid, bloody leucorrhœa; profuse menses; the flow is very copious, profuse discharge of hot, dark clotted blood; pains down the anterior of thighs; intense heat and burning in the stomach, aggravated by any hot application; the pains and burning are so very great that the patient rolls on the floor. I used xanthoxylum in many cases of leucorrhœa, but the majority of the cases revealed that the discharge was profuse rather than scanty, painful rather than painless cases; the pains were very excruciating and appeared down the anterior of thighs; intense burning and heat were not prominently marked in all my patients and the symptoms grew worse at night.

Ichthyol in Granular Conjunctivitis.

Dr. Popov,¹⁷ on account of ichthyol being recommended by Jocovides and Bielevitch in catarrhal and phlyctenular conjunctivitis and trachoma, has employed it with good results in granular conjunctivitis. He employs it in 10-20 per cent. solutions as a collyrium. He everts the lids and drops onto them the solution of the drug in water, leaving it there until the sense of burning begins to disappear, when the excess is wiped off with a tuft of cotton. He has treated thus 30 cases, of which 6 had incipient trachoma, 1 dry granular conjunctivitis without catarrh of the conjunctiva, 17 chronic trachomatous conjunctivitis, with diffuse infiltration and hypertrophy of the conjunctival sac, accompanied by very profuse muco-purulent secretion. The first class of patients were cured in two to five weeks. The dry form required a month and a half. The patients of the third group were cured in two months. Of those with hypertrophy of the conjunctiva, 4 were definitely cured in four months, and in the 13 others there was considerable improvement, with diminution of the muco-purulent secretion and of the thickening of the conjunctiva, as well as by the appearance of little islets of healthy conjunctiva. The instillations are but little painful, and less so than those of the nitrate of silver or of the sulphate of copper. In one case he noted a peculiar idiosyncrasy towards the drug manifested by edema of the conjunctiva.

Cicuta Virosa in Convulsive Conditions.

Two cases are reported by Dr. Goldsbrough,³⁶ in which recovery from convulsive seizure could be inferred as ensuing from the use of cicuta. 1. A man, aged thirty, who had formerly suffered from malarial and dysenteric infection, had had ten fits of a Jacksonian type in thirteen months, distributed in intervals of three or four months. After taking cicuta he had not had a recurrence in eleven months. 2. A young

woman, aged twenty, had suffered from hysterical chorea more or less since childhood. For nearly two years the movements had been continuous and violent, of an especially jerking character, and affecting the head, neck, facial and ocular muscles and tongue. She was under treatment as a hospital out-patient several months, receiving cicuta 3 and 30, with occasional prescriptions of ignatia 30. Marked amelioration of the movements always followed the administration of the cicuta, and at the time of the record recovery was almost complete.

Arnica.

Kent.¹ The power of arnica to promote absorption is made use of in preventing suppuration, and it will be frequently indicated in cases where a gland will take on inflammation through its great vascularity, or from an injury which is characterized by great pain and soreness. Arnica, given in time, will promote the absorption of blood and thus prevent not only the induration but the suppuration, and thus bring about a speedy restoration of the functional activity of that part. It does more than this, because it tends towards the permanent strengthening of the walls of the blood-vessels. Do not use arnica locally, and never use it where the skin is off, for it has in many instances produced erysipelas of a most persistent and malignant type.

In the first stage of an injury, where much bruising has been done, and there are none of these pains I have described, during the first hours of bruised conditions and concussions and shocks arnica is the routine remedy, because it has produced similar symptoms in the human body. But you will find that arnica only fits into that one place. Arnica should never be used for open wounds, as the laity are in the habit of using it; if it is used in any strength it will bring on erysipelas.

Actea in Neurasthenia.

J. W. Ellis, M. D.,³⁶ says: I have frequently found this drug of service in patients with neurasthenia where muscular exhaustion was a prominent symptom, with much pain about the cervical region, with inability to hold up the head for any length of time, or when there is a constant attempt to get rid of the feeling of fatigue or aching by drawing the head backward upon the spine. Whenever, too, there is asthenopia with hyperæsthesia of the retina, we may give actea with expectation of relief of the symptoms. In the sexual sphere, at least in women, the drug has analogies with ferrum, and we must not forget, in this connection, that "key-note" symptom of actea, infra-mammary pain, which so frequently accompanies congestion or irritation of the pelvic organs, such as is so frequently present in women suffering from nervous prostration. In another form of muscular disturbance I have found cuprum metal-

licum and cuprum aceticum of great service. I allude, of course, to those cases where muscular spasm is a marked feature of the case, spasm which may vary from the fibrillary flickering of the eyelids to severe and persistent cramps. Both preparations should, I think, be given in fairly high dilution—the sixth or twelfth centesimal, if we are to get the best results from their administration.

Psorinum.

A. L. Blackwood, M. D.,¹⁷ says: Some of my most happy results in medicine have come from the use of this remedy. And yet I believe it to be one that is not generally employed by physicians, but there is no reason why it should not be, when antitoxin and other products of disease are being so extensively used.

It should be studied in cases where there are evidences of an underlying dyscrasia, and as a result the apparently indicated remedy does not act, or its results are of but short duration and the patient is again as bad as ever. In other cases the apparently indicated remedy has no effect upon the patient, and it is demanded to arouse the vital forces. In this class of cases by careful inquiry into the clinical history there is usually some disease from which recovery has not been complete, or there is some underlying dyscrasia that is indicated by glandular enlargements or cutaneous exhibitions. The skin eruptions are usually herpetic in character and are attended by great itching, which is made worse by the warmth of the bed. The skin may appear all right, but more frequently it is of a dirty, greasy appearance, as though the patient had never bathed. If there is any discharge it is very offensive, which is true also of the perspiration; and all the discharges might be compared to carrion. The discharges from the bowels are of so foul an odor that it is impossible to remain in the room. They are profuse, watery, brown, or black; worse at night.

It also relieves a constipation that is attended with great straining at stool.

Following some acute disease that has greatly reduced the patient he is prostrated, suffering from night sweats, hopeless, and does not react from the acute disease and the chances appear to be poor for a recovery. The patient is chilly and desires to be wrapped up, especially about the head. There is dry, hacking cough with a thick, yellow, offensive sputa.

Tellurium in Sciatica.

Dr. John McLachlan,¹⁴ of England, reports an interesting case of sciatica cured with tellurium, the symptoms of which were as follows:

- Pain in the region of the great sciatic nerve.
- Aggravated by coughing.
- Aggravated by laughing.
- Aggravated by lying on the painful side.

The three aggravations are found only under tellurium, and the remedy in the 6x trituration was given and followed by immediate and permanent improvement. Rhus, colocynth, and arsenicum had been tried without results. In Allen we find that tellurium causes "Pain in the sacrum; worse on stooping, or when rising from a sitting or recumbent posture; the pain passes down the right thigh in the direction of the sciatic nerve; it is therefore almost impossible for him to press at stool; the pain in the sacrum and in the sacral ligaments was sometimes, when moving, like a stab with a knife"—"pain in the back at the upper end of the sacrum which extended upwards." The pressing across the sacrum comes again immediately on stooping, and becomes intolerable when the stooping posture is persisted in; the pain in the sacrum and leg cease by motion in the open air; increased when pressing at stool; also, when coughing and laughing; the pain then extends from the sacral plexus through the large foramen ischiaticum, along the great sciatic nerve down the thigh; worse on the right side. On pressing to stool, on coughing, and on laughing, aggravation of the pain in the sacrum, extending into the right thigh." "The drawing in the right leg and the tiredness after lying down (11:30 P. M.) are so bad that for a while it prevents him from getting sleep, and compels him to frequently turn and twist; the sleep is good, with amelioration of all the pains. At the outside of the right knee, anteriorly, a burning aching. Pain in the right shin. Pain in the right metatarsal bone, as if the bone were pressed. A sharp pain passed quickly over the toes of the right foot, then into the heel."

Euphrasia in Ciliary Neuralgia and Coryza.

Dr. A. Von Der Luhe⁹ says: I have verified this remedy in a number of cases. In ciliary neuralgia, with sensation of sand in the eyes, accompanied with watering of the eyes. In coryza, where there were frequent attacks of sneezing, headache, and watering of the eyes. Allium cepa 30 has a similar characteristic symptom. Differs in this: the watering of eyes is irritating to the face in euphrasia, while in latter remedy the profuse discharge from nose irritates the upper lip, making it sore and very red at times.

—While rustivating recently in Montreal we saw a beautiful ambulance rushing through the streets ringing an ordinary dinner bell, and marked as belonging to the Homeopathic Hospital. It made our heart flutter to see this homeopathic enterprise in this country in which homeopathy has no legal standing as a school. We have no such ambulance in Cleveland, with all our homeopathic physicians and our homeopathic hospital.

CURRENT COMMENT

By **SHELDON LEAVITT, M. D.,**
Chicago

Financial Ventures.

The average man is satisfied to plod along in a half-contented way, making a fair living with a minimum amount of effort, and ultimately awaiting his summons in a resigned and placid spirit. Life in him means a humdrum routine into which he seeks to drop, and out of which he deems it rather dangerous to step. He sees the play of forces and the gleam of lights about him; he hears the music of the livelier beings, but is deviated little from his beaten path by them. He lives within a little sphere, not altogether agreeable, but from which he sees no reasonable way to remove himself. But there usually comes a time when he feels the stirring of ambition within him, aroused it may be, by a sense of necessity, or fear of impending destitution which he fears may settle about him in declining years. And then, a gold-brick seller happening along, he greedily invests his savings only to find himself, at last, a dupe.

Such a man, after such an experience, settles back on the conviction that he is not a business man, and that, shoemaker-like, he would better "stick to his last." He swings to the extreme of caution, and now he would not pay nickels for certified five-dollar gold pieces. No "get rich quick" schemes for him.

The trouble with the physician and the preacher as investors is that they buy without investigation, on the mere say-so of another, and then expect to win large returns in every instance and with abnormal dispatch. Good investments do not ripen in a day. Shiploads of assurance may begin to come almost at once; but the cash follows after days, and weeks, and even years, of patient waiting.

There are many wild-cat propositions, and there are many relatively "sure things;" and between them one has to discriminate. Above all things get in with honest and energetic men, and for modest sums. It is well not to "put all your eggs into one basket." Never mortgage your home and never betray a trust for money with which to speculate.

If the doctor would lay by enough to provide for the necessities of a rainy day, he must usually do more than practice medicine. But let him proceed with caution and discretion, investing

small sums in propositions which appeal to his good sense after careful investigation, and, while he cannot tell which will prosper, the earlier or the later investment, the ultimate will usually be profitable.

Misuse of the Obstetric Forceps.

The statement was made in a recent article by Laphorn Smith, that while the forceps has saved the lives of hundreds of women and children it has shipwrecked the lives of thousands.

I do not doubt the literal truth of the assertion by this good authority. The forceps has its place, and, in its place, is capable of wonderfully subserving human interests. But that place is not in the hands of one who has not, by thorough study and patient drill, been qualified properly to use it. The harm from the forceps comes not often from untimely use of the instrument or from resort to it in unsuitable cases; but from bungling and unskillful use of it. A good obstetrician, like the good surgeon that he is, must be a good mechanic. But how many of those who pose as obstetricians have a proper comprehension of the mechanical principles involved in a difficult instrumental delivery? Mighty few. The mechanism of labor is a deep study; the use of an instrument of the complicated form and action of the obstetric forceps is also a deep study; and the average accoucheur has but a shallow acquaintance with the important principles of either.

In the ordinary medical college the training in midwifery is but meager, and every physician who expects to go into midwifery practice ought to have post-graduate study under competent instructors.

I have long believed that the obstetrician ought to be a specialist. He ought not to be in general practice. The same rules apply to him that apply to surgeons. Both should be exclusive specialists. The obstetrician worthy of confidence is a surgeon, and with his obstetric surgery he may properly associate other surgical work; but beyond that he ought not to go.

In this I am creating an ideal which will not apply to the conditions of rural practice, I am well aware; and yet it is well to have ideals before us. While the country physician cannot literally conform to these requirements, he can familiarize himself more fully with the requisites for good obstetric work, and can conform more closely to them.

In conclusion, let me say that I am persuaded that, as a recent writer declares, "the advanced stand taken in the practice of obstetrics must ultimately bring the art entirely within the realm of surgery."

The Relation of the Dyscrasias to the Prescription.

BY GEORGE B. ROYAL, M. D.

Des Moines, Iowa.

Believing that we get a better and clearer conception of a paper if we know beforehand just what idea the author wishes to convey, I will state that my only purpose, to-day, is to show that a thorough knowledge of the dyscrasias will so assist us in determining the relative value of symptoms as to enable us to make a more accurate and, hence, more successful prescription.

It will be better, also, at this time to agree upon our definition of dyscrasia. The Universal Dictionary gives it as "An unequal mixture of elements in the blood or nervous juice; a distemperature when some humor or quality abounds in the body."

The American Medical Dictionary gives us "Abnormal composition of the blood and humors; a depraved state of the humors." Both of these definitions, you observe, are based upon the old idea of humoral pathology. Let us understand by dyscrasia that element of weakness transmitted from parent to child which of itself produces certain definite results and which renders one more susceptible to the ordinary diseases, also changing the normal course of those diseases.

We will have time to consider only three of these dyscrasias to-day, viz., scrofulosis, syphilis, rachitis. Furthermore, we can only touch on a few points, hoping to induce you to make a thorough study of them. In my talk to my fellow alumni of the N. Y. H. M. College last month, I stated the three essentials for a prescription to be: Knowledge of the tissues involved; knowledge of the sensations produced; knowledge of the mode of administering the remedy. Following out this idea, let us take up and study the three dyscrasias separately.

I. SCROFULOSIS.**The Tissues Involved are:**

First, the general, or what we term the vital forces. We have all learned from experience that many of the descendants of tuberculous parents possess but little power of endurance. They cannot sustain either mental or physical exertion, neither can they withstand the changes of temperature or other inimical influences.

Second, Glands.

The most characteristic lesions of this dyscrasia are found in the glands. There seems to be a mild inflammation, then enlargement which takes place slowly. The glands remain indurated, for some time, after which they suppurate and discharge. The suppuration becomes chronic, lasting for months and even years. The glands most frequently affected are the cervical. Following the course of the lymphatics; one after another becomes involved. The discharges often contain caseating material.

Third, the skin.

(A) Eczema.—A dermatitis is readily induced. A discharge from the ear; a scratch, vaccination, or any other trivial cause may be the starting-point of the eczema. The discharge is semi-purulent, often forming crusts about the mouth and nose. The lymphatic glands which drain the affected areas are most always involved. The skin becomes reddened and flabby over the glands. Sinuses are frequent.

(B) Lichen.—In connection with the enlarged glands we have small papules not larger than a pin's head. They have this peculiarity that they are at first bright red, then become pigmented; gradually fading and assume a pale brown color. The papules are found arranged in circles or segments of circles. There are few, if any, sensations accompanying them. Their course is exceedingly chronic. They seldom discharge. Desquamation takes place and they gradually disappear, leaving only a stain.

(C) Lupus.—This needs no description; it most commonly appears on the face.

Fourth, the eyes:

The most common affections resulting from tuberculosis are conjunctivitis, corneal ulcers, phlyctenular ophthalmia, and blepharitis.

Fifth, the ears:

Chronic catarrhal inflammation and otorrhea.

Sixth, bones:

Inflammation and caries, especially about the joint.

Seventh, mucous membrane:

Inflammation of the mucous membrane followed by chronic catarrh.

The part of the mucous membrane most frequently affected is that of the air passages. Such patients frequently suffer with bronchitis from birth. They are seldom entirely free from bronchial and nasal catarrh; in addition, they suffer from adenoids and chronic tonsillitis.

Eighth, the blood:

There is a tendency to disorganization, terminating in one of the several forms of anæmia.

Sensations—Because we have a variety of tissues involved and several changes taking place in each, we will, of necessity, have many different sensations, such as burning, itching, smarting, throbbing, tickling, aching, trembling, weakness and fainting. For the same reason our modalities are numerous and marked; such as the effect of changes in the temperature, especially to cold or damp; errors in diet; effect of fatigue; emotions; change of positions, etc.

II. HEREDITARY SYPHILIS.

Let us exclude from this discussion these cases in which the children are already diseased at birth. In these you have emaciation, coryza with sanguino-purulent discharge, snuffles, bullæ on hands and feet, enlargement of spleen and liver, hyperostoses of the long bones, gummata of the radiocarpal articulation, etc., etc. The ma-

jority of such cases grow rapidly worse, living but a few weeks or months. But there is another class which inherits, from a syphilitic father or mother, or both, this dyscrasia. The children of this class may appear perfectly healthy at birth, but beginning about the sixth or eighth week we have changes taking place in the following tissues:

First, nose. The mucous membrane, cartilage, and bones of the nose are affected. We have the coryza, the purulent discharge, and snuffles. The discharge changes to sanguino-purulent; and then, showing that the bones are being destroyed, we have the flattening at the bridge of the nose.

Second, skin. A peculiar eruption, especially about the nates. The patches are brown or brownish red. They have a well-defined border. If care is not taken to keep the parts clean and dry, suppuration takes place and ulcers form, the discharge from which is sero-purulent. You will find fissures about the lips and nose. These leave cicatrices or scars. You may also find onychia and suppurating ulcers about the finger nails.

Third, the notched teeth, or "Hutchinson teeth." This is considered characteristic of hereditary syphilis.

Fourth, the bones. Irregular development. Diseases of the long bones and cartilages with separation. Suppuration and caries are quite frequent.

Eye, iritis and keratitis:

Sixth, blood. Finally, there comes malnutrition, hemorrhages, marasmus; the child has a harsh, piercing cry, a sort of a moan. If such a patient outlives its childhood it will be undersized; have the turned-up lip, prominent forehead, depressed nose, etc., characteristic of the dyscrasia.

Sensation. Aching, burning, itching, and smarting. The most marked modality is the aggravation at night of the aching in the bones, when getting warm in bed, and of the so-called rheumatic pains just before a storm or change of weather.

III. RACHITIS.

We must all remember that a large per cent. of those suffering from either scrofulosis, syphilis, or rachitis have acquired, rather than inherited, the disease. Of the three dyscrasias the rachitis has the smallest per cent. of the inherited. Some even claim that the disease cannot be inherited in the true sense of that word, but those who have had the most experience realize that the mother who is ill-fed, who lives in unfavorable hygienic surroundings, who nurses a child during gestation, etc., is surely in condition to give birth to a child possessing the "Element of weakness" mentioned in our definition. Then, again, the disease appears in so many children at such an early age, as to preclude any other cause.

Tissues involved:

First, bone. The affected ones are those of the skull, ribs, and long bones. The bones of the skull may escape if the disease sets in after the eighteenth or twentieth month of the child's life, but nearly if not all of these cases are of the acquired variety; they should not be considered in this discussion. In the cases showing the disease after birth the bones show areas of delayed ossification. In some places, there is no hope at all. This gives rise to deformity.

The frontal and parietal eminences are exaggerated; the top of the head is flattened, also the occiput. The result is the box-shaped head. The rachitic bones are soft and spongy.

The cartilages at the epiphyses proliferate rapidly, forming thick, soft bulging masses. The periosteum is thickened. Meanwhile the bone is deficient in organic ingredients from one-half to two-thirds (the usual amount.)

Second, Ligaments and muscles:

I mention these structures, but it is only those which are attached to the diseased bones which are affected. They are affected in the same manner as is the periosteum. It is very rarely that other tissues are involved.

Sensations. Please pay special attention to these and to their order of development. You may be called several days, and even weeks, before any changes in the bones are apparent. The mother will tell you that "her babe has morning diarrhea, that the stools are offensive, light-colored, accompanied with much flatulence. That the child gags a great deal and sometimes vomits." A clear case for *podophyllum*, which you give, and promise a speedy cure. If you, instead of another physician, are called a little later, the mother will say in addition, that "Baby does not want to be moved; he seems so sore to touch; he sweats profusely, and the odor is sour and musty. He seems to have inward fever, for he drinks a great deal. He seems dull, languid, and does not move his limbs much, but I guess that is because it hurts him to move, and he has nose-bleed every now and then." Surely, this is *bryonia* (?), and so *byronia* supersedes *podophyllum*, so that the baby can move with more ease. A few days later you are recalled. There has been a change; new symptoms have appeared; the mother says, "Baby is so peevish, so irritable, so restless, I really believe he had inward spasm last night, for he screamed in his sleep. Don't you think there are some teeth coming, Doctor? His gums feel sore and his stools now contain digested food, particles of milk mixed with green and yellow." *Chamomilla* 30th has cured more cases with that group of symptoms than any other drug in the *Materia Medica*, and it is given. Yes, Doctor, but it will not touch this case.

Three or four weeks have been lost in this manner, and now the enlargement of the bones at the ribs, the ankles, the wrists, and of the cranium begin to manifest themselves. Any tyro

can see now that such a superficial, quick-acting remedy as chamomilla or even the more deeply acting drugs, podophyllum and bryonia, never did nor never can cure such cases.

What should have been given then? Were not the symptoms found on the three different occasions the symptoms of the three drugs given? And are we not to prescribe for the symptoms rather than for the patient or the disease? Surely, my friend, they were symptoms of the three drugs mentioned, and you should prescribe for the symptoms, but they were not the totality of the symptoms in this case, and that is the point I am trying to make to-day. What was wanted was a group of drugs having these same symptoms, and in addition, having a special affinity for, and action upon the bones. Such a group is composed of phosphorus, calacarea, and their compounds, especially, ferrum phos., calcarea phos., calcarea carb., sulphur, creasote, and asafetida, fluoric acid, etc.

I could, did time permit, draw many similar comparisons for illustration between remedies indicated and contra-indicated for the other two dyerisias, for example, between aconite and iodine, belladonna and ferrum phos., etc., but I will content myself with one more.

I was called to see a little girl eight years of age. The mother and father were both present and looked healthy.

I elicited the following symptoms: Patient had been as well as usual till the day before, when she went to ride, being a cold day she became chilled. During the night she became hot and restless, also thirsty; temperature was 105 1-5 pulse 148, firm and wiry. The skin was very hot and dry. I was in a hurry and gave aconite 30th, with orders to discontinue when the skin began to moisten. This was in the morning. I returned in the evening and found no improvement. On putting the thermometer in the axilla I discerned cicatricial tissue, and I learned that she had several attacks of adenitis with suppuration. I also learned that her mother was the only one of four children not tuberculous. I changed my aconite to iodine 12th, and the next morning the temperature was 99 1-5; pulse 105. The next day she was sitting up. I will not put you to sleep giving you the symptoms of each remedy. I have written out those which I have verified, and you may read them in the Transactions. I will close by asking you to make the family and personal history of your patient, not only a part of your symptomatology, but the most prominent part.

REMEDIES.

Arsenicum.

When we have a well-developed cachexia, when there is rapid emaciation; marked debility; a chronic diarrhea; stools watery, dark-colored, and offensive; a very irritable stomach; frequent vomiting. The most marked symptoms are the scaly eruption and the aggravation after

midnight. Ars. is all the more indicated if, with this group of symptoms or a part of it, you have what you suspect to be epithelioma.

Ars. iod.

When, in addition to the symptoms given above, I find a patient suffering from inflamed and unhealthy glands and a scaly eruption which is very proliferous, I prefer the iod. of ars. to the metallicum.

Iod. of ars. 6x three times daily cured a girl of eight years whose father had syphilis before she was born. The mother saved the dry fish-like scales which had been rubbed off the body during twenty-four hours. There was nearly an ounce by measure. Almost all the lymphatic glands are involved.

Carbo an.

A baby of eighteen months, whose father had had syphilis five years before, and who showed some of the symptoms about five weeks after birth, presented the following: Face earthy emaciated, on which were several spots of a copper-colored eruption. Gums swollen and bleeding. There seemed to be distress after feeding. Abdomen greatly distended by gas. Stools hard and lumpy. Sleep very restless. There were a few spots on the back, abdomen, and limbs similar to those on the face. On the buttocks, if the diaper were not changed at once after urination, the spots became inflamed, enlarged, and suppurated, leaving ulcers as large as a nickel, which healed very slowly. This case was completely cured by carbo an. 12th.

Carbo veg.

When the eruption is finer and there is more tendency to hemorrhage, I use carbo veg. instead of carbo an., providing we have most of the symptoms given under carbo an.

Mezereum.

When we have inflammation of the external margin of the nostril with a fluent coryza, yellow in color, at times bloody, especially if this discharge causes soreness of the integument wherever it touches; with eruption on the face and scalp which is red, a discharge which forms a crust beneath which accumulates a large quantity of pus, with pains in the bones of the face, especially of the nose; when the teeth decay rapidly, and especially when the pains in the bones and teeth are relieved by cold air; when we have burning in the fauces with dryness and hoarseness; when the burning is relieved by cold air and when we have diarrhea stools, sometimes bloody, sometimes watery with periosteal inflammation, especially of the femur and tibia, I use mez. I always feel surer of this remedy if I find brown-spots on the chest and arms left after the scabs have been removed and the ulcers healed.

Cal. carb.

The symptoms of this remedy you will all recognize. Your fat, chubby, light-complexioned soft-boned baby, or child, with a skin that is

rough and flaky (what Frank Kraft calls a "pie-crust skin"). A constant discharge from the nostrils which is brought on by the least exposure to cold and wet; whose stomach is always sour; whose stools are always undigested; whose glands are always enlarged, and whose pillow is always wet with perspiration from the head to the shoulders. The bones of the skull are always soft, and yet they are thick as well as spongy.

Cal. phos.

This has many of the symptoms of the carbonica. The bones, however, instead of being thick and spongy, like carbonica, are either thin and brittle, like tissue paper, or thick and soft in some spots while wanting in others. The child's neck is usually too small and weak to support the head. The bones of the leg will not bear the body. The stools are of green mucus, bad odor, undigested. Flatus abounds. The first symptoms which appear are those of malnutrition, such as vomiting of undigested food, colic, etc. If the bones have been bruised or wounded they do not heal readily. The children are always fretful, having many of the symptoms of chronic hydrocephalus; there is usually a good deal of temperature with these conditions.

Cal. iod.

With this compound you find more glandular involvement than under either of the others. With many of the symptoms of cal. carb. and cal. phos. you find the typical "pot-bellied" baby. The mesenteric glands are swollen and hard; the other symptoms of indigestion, emaciation, etc., appear later on. The manifestation of the glands appears first.

Kali iod.

This remedy, so much abused by the old school, is certainly homeopathic to certain forms; we have intense sticking, digging pains in the head which are aggravated on stooping, associated with a profuse, acrid coryza, which is thin and watery; profuse saliva, with swelling of the glands of the neck; raw, sore pains in the throat; swelling of the knees, with boring pains worse at night, also, with numerous neuralgic symptoms which are worse at night; compelling the patient to get out of bed. This, together with eczema, pustules, vesicles, even bullæ on the hands and arms, the later of such size as to leave cicatricial spots, are the indications which have led me to give the kali-iod. I have never found it necessary to use anything lower than the second x to obtain the desired results in such cases.

Kali bich.

The child of kali b. resembles that of cal. in its make-up. There is a susceptibility to cold air. Inflammation of the mucous membrane of the nose and throat is generally the first symptom to appear, following this, comes the round, deep, punched ulcers. From the mucous membrane we get the tough, tenacious mucus. Several of the ulcers may be located so near each other as

to give the appearance of a large, flat ulcer, over which the secretions dry, forming what is known as the "scab" or "clinker." The stomach symptoms are frequently marked, there being nausea and vomiting. There is also the thick-layered skin with a tendency to elephantiasis.

Hepar sulph.

The aggravation, from cold, of most of the symptoms is to be the keynote. Chronic suppuration with the sharp splinter-like pain, chronic catarrh with muco-purulent discharge, chronic eczema with its offensive discharge; soreness everywhere but, especially, of the bones, the disgust for food, especially fat; the craving for anything sour, like sour wine or vinegar; the gnawing pains in the stomach, the bad odor of all the discharges are my indications for hepar. Sensitiveness to touch and cold air are, however, the most prominent.

Thuja.

I believe this remedy is sadly neglected in these conditions. We have been in the habit of giving it for cauliflower excrescences and for certain nervous affections, but we are liable to neglect it in certain forms of headache in which the pains are stabbing, violent, followed by extreme soreness, also in severe forms of iritis and keratitis where we have excessive photophobia, opacity, gummata, where the pains are worse at night and worse in damp weather. There is also a good deal of discharge from the nose which is thick, green, mucous, purulent, sometimes bloody. Such patients generally suffer from chronic diarrhea; the stools are copious, forcible, expelled with gurgling. Polypi of the vocal chord which give rise to persistent cough, also polypi of the nose, are frequent indications for thuja.

Graphites.

For skin affections in these dyscrasias, also for functional disturbances, especially of the female, graphites is one of our most important remedies. The eczema is moist, glutinous, and forms scabs, often taking the form of herpes, which leave a soreness and painfulness of the nerve along whose course the herpes appears. The stomach symptoms are also quite marked and, especially, the symptom of neuralgic pain which comes on some hours after eating and is relieved by warm drinks and aggravated by cold. In the female we have the delayed menses or the scanty menses with leucorrhœa, which at first is quite thick but afterwards becomes watery. Such patients generally grow fleshy. We have also the symptoms of mental depression, weeping, vertigo. Induration of the ovaries and liver are, also, conspicuous symptoms.

I will not take up your time to mention the symptoms of staph., sil., sulph., of the mercuries, not because they are not as important as those already given, but because they are more frequently remembered and used in these dyscrasias than those which I have already given.

*Two Obscure Cases.**

BY FRANK KRAFT, M. D.,
Cleveland.

On May 15 of this year I was called to a boy of, perhaps, five years of age. I found him in high fever, axillary temperature 103°, pulse not to be counted. He presented a belladonna face; red, hot, moist skin; eyes injected and extremely sensitive to light. Bowels open, urine fair in quantity. Sweat profuse. But he was unconscious, and had been from the first moment of attack, which followed shortly after he had complained of feeling sore about the glutei, which was attributed to his sitting upon the ground in play with his companions. Measles being in the adjoining house, this family believed that their boy was coming down with that disease, and, hence, I was not called until the boy was unconscious.

Two years ago, after my return from Europe, I had been called to this family for the first time to take care of a seven-year old girl who had had four weeks of typhoid, but was doing so poorly that a change was made. During my visits I noticed a rather large-sized boy lying in an old-fashioned cradle. I was told that this lad then, possibly, three years old, had never been able to walk or talk. From the waist up he seemed well developed, and below there was no evidence of deformity. Having finished with the girl—she got well—I turned my attention to the boy—in good time he walked and talked. This is the boy who was now so suddenly and so mysteriously ill.

I tried belladonna for several days, until I saw the main symptoms changing, then I found mercurius a good remedy for a nasty sweat at night, and a foulness of body-odor and stools and a bad teeth condition. Presently he developed what the people of the house called "cramps"; however, instead of drawing himself up, as is most often the case in "cramps," this lad stretched himself, spread his fingers and toes, and gave a shriek. These attacks came at intervals of a half hour at first, then more frequently, and towards the last they ceased as "cramps," but took on the form of convulsive motions of the body, throwing himself from side to side, rolling his head in the pillow, which latter was now saturated with a yellow-staining sweat. The shriek and the uniform motion caused me to give helleborus, with no more marked results than that he grew quieter, shrieked less often, and seemed to sleep longer between times. Now the bowels refused to move. The kidneys ceased their function. His teeth were clenched, so that medicine could not be given. He gradually grew weaker and at the end of two weeks died.

I am not able to say what was the cause of the

death. There were brain symptoms; there were typhoid symptoms. The rolling of the head and the shriek carried me into meningeal troubles with apis and kindred remedies. But he could, until a few days before his death, be given cold water, which he took with avidity. But he seemed to know when it contained medicine, and then his teeth would clench and resist all efforts at opening.

I thought of worms and gave worm medicines which resulted in a peculiar looking stool, but no worms. The first evidence to me of the approaching end was the paralysis of the bowels, which refused to move and failed to empty even with water and other clysters.

The doctor who treated him as a baby, when he yet lay in his cradle, as already stated, had said that the lad had but one kidney. It was calcarea carb. and calcarea phos. in the 12th and 30th triturations which took the boy out of his cradle and put him on his feet. But during his last illness there was never for an instant the first symptom calling for this remedy.

What caused his death?

Another case of perplexity is that of a lady of fifty-four or older, married, several children living, menopause successfully passed, who all her life long, from earliest womanhood, had trouble, first with insufficiency of urine and pain in a localized area covering, roughly estimated, the ileo-cecal region, and later, since her menopause, she has had two attacks of what her physician termed neuralgia of the right groin, which a few days more or less in bed or in a reclining position usually corrected. But during these times the flow of urine was scant, thick, and troublesome in the voiding.

About four weeks ago, following upon housecleaning, she felt a return of her old "neuralgia" in the side—the first attack in twelve years—and made use of hot applications and the like. When I was called, upon examining the locality of the pain I arrived at the conclusion that the right ovary was involved, which, being in tumorous condition, was interfering with the right ureter and also in some way obstructing the bowel; for frequently her stool, she informed me, would issue as small in diameter as her little finger. Then it would clear up again and be normal. I followed the case for a few days, finding that so long as the lady lay quiet there was no pain. The temperature was normal, pulse about 80. There was a perceptible elevation in the right hypochondrium which was painful upon pressure. Her principal pain came when she attempted to move; the doubling over, the using of the muscles of the trunk sent the temperature and pulse a-booming. Two weeks ago she had little burning pains in the affected region, as she said, as if water was running through a small channel in that groin and burning as it forced its way through.

There was and continues to be such a horror of any prospective operation that I have been

* Cleveland Homeopathic Society.

handicapped in my work. I have asked for a surgeon, believing it to be surgical disease. At last I insisted upon counsel with someone, and in order that there might be no later charge of collusion, I asked that the other school be called in. This was accordingly done. An elderly man of the old school was called, who forthwith outlined a tumor, and recommended that an abdominal surgeon be called in, to make a minuter examination in order to determine the exact nature, its gravity, and its necessity of removal. There was, however, no immediate call for operation. He recommended the giving of large doses of acetate of potash, of sweet spirits of niter, of Rochelle salts, and vaginal douches of plain warm water, in order to build up the kidney for the anæsthetic. But all these were merely preliminary to the undoubted need for an operation.

This counsel was had very nearly two weeks ago. The tumor which the eminent counsel so clearly outlined has almost all gone, a small lump the size of a walnut coming and going near the bladder. This is always painful upon touch, upon moving, upon being seated, upon being turned over on her side. And because of the manifest disappearance of the large surface hardness of two weeks ago the patient insists that there is no tumor, that all this is a recurrence of her neuralgic attacks, which in time will wholly disappear. And more than ever she objects to an operation, for, as she says, "Suppose you get me on the table and cut me and then find I have no tumor, then what?"

Temperature at 4 p. m. to-day was 101+ and a small fraction. Pulse good, full, and about 100. Her bowels move ordinarily without help or with a dose of castor oil. But with all the crude kidney remedies there has been no appreciable addition to the urine. At the best, notwithstanding she drinks large quantities of Clarus water, the amount yielded in twenty-four hours rarely goes above four ounces. Chemical tests find nothing dangerous in the urine. Vaginal and rectal examination by the counsel discovered nothing wrong. There is appetite, but not pronounced. Sleep comes and goes a trifle fitfully but is satisfactory. With the exception of the lump in her groin, the inability to move without horrible pains, the small quantity of water passed, this lady seems to be perfectly well. I have studied and worked along the line of hernia, appendicitis, typhoid fever, ovarian tumor, intestinal obstruction, passing of gravel, and allied conditions, but am no wiser now nor any more successful in my treatment than at the start?

What is the matter with this patient?

—Dr. Minnette Pratt Petrie has opened a Woman's Hospital at 719 Giddings Avenue, Cleveland. The card of notification sets forth the excellent and up-to-date equipment, with an abundance of hospital room.

*The Diagnosis of Smallpox.**

BY H. ROGER, M. D.,

Physician to the Porte d'Aubervilliers Hospital, Paris.

The epidemic of smallpox which has raged for two years in Paris is not yet over. Not a week passes without receiving some cases of smallpox, and not a day without one or more errors of diagnosis. It is in some cases very difficult to recognize the disease. To be able to rightly diagnose, it is necessary to have seen a large number of cases. For some years smallpox has shown a tendency to disappear, and the isolation hospital being far from Paris, numbers of students have completed their studies without having seen a case. The diagnosis being based on a knowledge of the objective symptoms, even having read long and concise descriptions, it is impossible to recognize the disease without having seen cases and having studied comparatively the different forms the eruption may take. Nevertheless, it seems to me advisable to point out the most frequent errors in diagnosis and the best means of avoiding them. To be absolutely correct, it would be necessary to mention every disease, for the most astonishing mistakes can be made. I shall only mention the principal ones—that is, those which ought to be discussed.

At the commencement, if there is no history of infection, the diagnosis is extremely difficult, and very often impossible. The initial symptoms have nothing very characteristic. The disease begins suddenly with a chill, generally by one rigor, resembling that of pneumonia, more rarely by continued rigors. The temperature rises rapidly, and reaches 103° or 105°. At the same time, the patient has a violent backache, and very often pain over the stomach. To these symptoms are added headache, malaise, sometimes delirium, and vomiting. If the doctor is called in at this time, the same day, or the day following these symptoms, what is he to decide? When the backache is very severe, the diagnosis may be confused with that of acute nephritis. The examination of the urine is generally sufficient to decide this. In nephritis, with an equal rise of temperature and as well-marked general symptoms, the urinary signs would be well pronounced: the urine is small in quantity, high-colored, containing large quantities of albumin, and often resembling blood. In hemorrhagic smallpox hematuria is common, but the urine is usually in sufficient quantity, the patient passing in the twenty-four hours a liter of a clear, dark-brown-colored urine. And, again, the hematuria co-exists with other hemorrhages under the skin and mucous membranes. At this stage it must be distinguished from other hemorrhagic diseases, as purpura, but one is able to eliminate nephritis.

In some cases the pain in the back is accom-

* Translated from *La Presse Médicale*.

panied by radiating pains in the lower limbs, and even by a slight loss of power. This acute painful paraplegia at once raises a question as to its spinal origin, but in myelitis the motor symptoms are more marked, or there are also present disorders of sensation and altered reflexes which are not found in smallpox.

The diagnosis from influenza is certainly the most difficult of all. Catarrhal symptoms, running of the nose, and bronchial catarrh are often wanting in influenza, and, on the other hand, catarrh of the eyes and nose is often found in smallpox. In many cases doubt remains, and it is necessary to wait until the third or fourth day—that is, until the eruption appears—before one can definitely decide.

What I have said of oculo-nasal catarrh explains how one may be in doubt at the period of invasion between measles and smallpox. However, intense oculo-nasal catarrh is only found in the former of these diseases, and backache when present in measles is always less pronounced. The really difficult cases are those of measles with slight catarrh and backache, and smallpox without pain in the back. Backache, in fact, is not a constant symptom; mild attacks.

Again, although in some cases the diagnosis, if not easy, is at least possible, there still remains a number in which a doubt is legitimate. Only the course of the disease can settle the diagnosis. However, during the initial symptoms one can sometimes settle the point by examining the mucous membrane of the mouth. Koplik has pointed out the existence on the internal surface of the cheeks, round the opening of Stenson's duct, of little whitish-blue points firmly attached to the mucous membrane. This premonitory sign has a great diagnostic importance: if the presence of these is plainly made out, a diagnosis of measles can be established.

It is very easy to make a diagnosis from scarlet fever—in which the condition of the throat is so important—or from typhoid fever at the commencement of a sudden attack, especially frequent in children, and marked by digestive troubles and a special condition of the tongue which is not seen in smallpox.

It is also possible to mistake pneumonia, but the one-sided pain found in pneumonia does not much resemble the bilateral pain of smallpox, and auscultation before other signs are found shows that the affected side expands less than the healthy side, and the diminution in the breath-sounds possesses a certain diagnostic value. Thus, at the commencement of an attack of smallpox there are numerous details which must be taken into consideration in making a diagnosis, and very often one must remain in doubt until the eruption breaks out.

After the period of invasion, which lasts from two to four days, the eruption appears, often preceded by what is known as a "prodromal rash." These rashes are found in one-fifth of the cases. They may be classified in six different classes, of

which their special names are sufficiently descriptive, viz., erythematous, urticarial, morbilliform, scarlatiniform, purpuric, and astacoid. The last variety is only found in hemorrhagic cases; we will consider this later.

The erythematous and urticarial rashes are rare; it is only after a consideration of the accompanying symptoms that one decides it is not an ordinary attack of erythema or urticaria. The morbilliform rash is more interesting. The eruption is similar to that of measles—I do not say identical, for a careful examination shows some differences: the spots are larger, paler, and more diffuse, and their margins not so clearly defined; the face is generally free. If, on examining the throat, particularly on the soft palate, there is an absence of the red stippling so characteristic of measles, absence of oculo-nasal catarrh, and a backache more or less pronounced, there is, if not an absolutely certain diagnosis, a presumption that one is dealing with a prodromal rash. In any case, should one be in doubt, by waiting twenty-four hours the diagnosis will be settled by the appearance on the skin of new elements of diagnosis.

The diagnosis between scarlet fever and the scarlatiniform rash is generally easy enough. Still, I have several times seen mistakes made by capable medical men. We find two elements in the diagnosis: Firstly, the examination of the throat, which in scarlatina has an intense redness, is glazed, and often accompanied by follicular tonsillitis; nothing like this is found in smallpox. On the other hand, the eruption has not the same characters. In both cases it is absent from the face, but in scarlatina it is diffuse; whilst in smallpox it is localized, or, at least, confined to certain positions. It is especially seen on the inguinal folds; it presents there two symmetrical bands, which run down the antero-internal aspect of the thighs, resembling in this respect a pair of bathing drawers; this regular arrangement is very characteristic. However, it is well to know that sometimes scarlatina may assume the same form. This was notably the case in two patients under my charge with "scarlatiniform" rashes occupying the groins and front of the axillæ. At first sight I thought it was smallpox, but the diffuse intense redness of the throat made me alter my opinion. Nevertheless, as this peculiar form and position of the rash appears to me so rare, as a matter of precaution, I place them in the isolation wards. On the following day, as the eruption becomes general, no doubt can remain as to the nature of the disease. The diagnosis becomes more difficult if there is no sore throat; this is often found in puerperal cases.

Quite recently I saw a woman who on the day after her confinement was seized with rigors, high temperature, and backache. Two days later a scarlatiniform rash appeared, occupying the trunk and the extremities of the limbs, but particularly in the point of election of these

rashes. A diagnosis of "puerperal scarlatina" was made. The freedom from sore throat was not against this opinion, as in cases of this kind a sore throat is often wanting. Some hours later when I saw the patient, I made out a number of little spots scarcely visible, but easily appreciable to the touch. They were papules deeply embedded in the skin, and scarcely, if at all, coming out. But this eruption, although so badly marked, was sufficient to correct the diagnosis and to say it was a case of smallpox, and give a fatal prognosis, which was justified within forty-eight hours. The purpuric rash is so peculiar, both in its characters and position, that a doubt hardly seems possible. No disease except smallpox can give a similar eruption. When one knows exactly the regular distribution of the purpuric rash, its discovery gives an element of certainty to the diagnosis.

The appearance of a rash modifies a doubt one feels at the commencement of smallpox. It narrows the differential diagnosis. When the eruption comes out there are other difficulties, but, save in some exceptional cases, a diagnosis can always be made. The eruption first consists of slightly raised papules deeply imbedded in the skin. At their base the skin has a bright rose color. At this time there is only one difficulty in diagnosis—it is between smallpox and a raised measles eruption. In both cases the eruption begins on the face and extends to the trunk. The elevation of the papules and their color are often identical. To increase the difficulty, the spots of measles may become vesiculated—that is to say, by a slight raising of the epidermis by a yellowish fluid. It is evident that this papulo-vesicular form of measles may be taken for smallpox. If, in addition, particularly in an adult, there is little or no oculo-nasal catarrh, and the patient complains of back-ache, the difficulty to the medical man is apparent. It is in such a case that an examination of the throat is so important. In measles one sometimes finds Koplik's spots, but not always, for this premonitory symptom may have already disappeared.

On the other hand, one constantly finds on the roof of the palate intensely red spots separated one from another, reproducing, but with a deeper tinge, the typical spots on the skin. It is only necessary to know that in certain cases one finds on the roof of the mouth small vesicles slightly raised, clear, transparent yellow in color, recalling those on the tops of the papules of the skin. These cannot be mistaken for a smallpox eruption, as in this case they present very different characters. The smallpox eruption appears in the mouth at the same time or a little before that on the skin, but, owing to the moisture, the course of the spots is much more rapid. When the cutaneous eruption is still in a papular condition the pharyngeal mucous membrane is covered with pustules, the majority ulcerated, especially abundant on the velum palati, the uvula, the pillars of the tonsils, fewer and more scattered on

the roof of the mouth, the gums, the tongue, and the cheeks. Thus it seems to us almost always possible to make a diagnosis, but we cannot too often repeat that it is between measles and smallpox that one is oftenest called on to make a differential diagnosis. When the papules of smallpox become vesico-pustular other difficulties come in. One need no longer think of nephritis, myelitis, typhoid fever, scarlatina, or measles. All these diseases can be definitely eliminated.

A confusion may arise with pustular diseases of the skin. I have many times seen cases of erythema, herpes, acne, syphilis, or even scabies, sent to my wards as smallpox patients. In all these cases the very different course taken by the eruption without taking into account the objective symptoms prevents an error being made. It is easy to understand that certain cases of syphilis with febrile symptoms may be mistaken for smallpox. It is the same in certain cases of "erythema polymorphe" if there is marked general disturbance and the mucous membranes are affected. I may mention here that eruptions of "bullæ" may sometimes be found in smallpox. It is generally in cases of medium virulence, on the surface of the face, particularly on the chin or the lower part of the cheeks, more rarely on the hands or body, that bullæ as large as a franc piece may develop. They are found near a pustule, and sometimes inclose it in their walls. They are full of a clear yellow fluid. They are not numerous—perhaps four or five—and as the pustules mature doubt becomes impossible.

Two diseases particularly deserve our attention, viz., pyæmic eruptions of the skin and chicken-pox. There is a clinical type of the former disease, marked by a sudden onset, fever, vomiting, and often backache. At the end of two or three days, when the general symptoms are improving, some pustules on the skin appear. Their appearance coincides with that of smallpox, but the eruption is different. These pustules, called "the pustules of Colles," are not usually numerous, and have no definite distribution. Still, in one of my patients the whole of the skin was affected. But when they are abundant, which is exceptional, the eruption has special characters which should identify it. They are rounded spots filled with thin pus, very different to the thick lymph found in the pustule of smallpox. Instead of being imbedded in the skin, the pustules are superficial; also their size is less, they are flatter, but distinctly hemispherical, and their base is surrounded by a red groove. In smallpox this groove is wanting. It is necessary to know that sometimes round the smallpox pustule there is a rose-colored ring, forming an areola several millimeters wide. It is a hyperæmic patch, not at all inflammatory, and dying away if one takes hold of and stretches the skin. The disease we have just mentioned is rare. The most frequent mistake made is mistaking chicken-pox for smallpox. One often

hears that the diagnosis of chicken-pox may be made from the three following characteristics: good general state of health, moderate or no fever, and a slight eruption.

Now, these three assertions contain three errors. Chicken-pox may be accompanied by serious general symptoms, it may become grave, and even itself may, without other complications, cause death. This is quite an exceptional occurrence, but I mention it to show that one must not place too much reliance, in making a diagnosis, on the general state of health. It is the same with the fever. We very often see people with smallpox whose temperature has become normal with the appearance of the eruption without any subsequent rise of temperature. On the other hand, in chicken-pox the temperature may rise to 40° or 41° C. As to the size of the eruption, it is the worst sign one can make use of. In some cases of smallpox the eruption is very slight. It is not unusual to find on the body twenty spots, sometimes even less. There may be only two or three pustules, and even one. In chicken-pox the eruption may be very abundant, and may affect the mucous membranes, particularly the mouth. In one case on the face alone I counted 360 spots. If one adds that chicken-pox may begin with backache, it may be asked on what point should one base his diagnosis. I think that a mistake will not often be made if the objective character of the eruption is studied. Whilst in smallpox the eruption is represented by a round papular pustule—that is, spherical—deeply imbedded in the skin, in chicken-pox one gets at first little papules, apparent enough, but superficial, which soon become pustular. The lesion is then characteristic. It consists of a swelling under the epidermis, superficial, not penetrating to any depth. It looks as though the horny layer of the epidermis had been raised by injecting under it a drop of liquid. Instead of being spherical it is oval and flattened, the edges often jagged or irregular, and sometimes surrounded by a little red ring. The liquid inside is clear and transparent, just like water. Thus the eruption itself differs in the two diseases. These peculiarities are equally apparent on the mucous membranes. On the roof of the palate there is a lesion, deeply imbedded in smallpox, superficial in chicken-pox. The epithelium in coming off leaves in smallpox an ulcer which has a thick indurated base, in chicken-pox an ulcerated patch which only affects the more superficial part of the mucous membrane. We find a second differential character in the course taken by the eruption, that of smallpox generally going from above downwards, beginning on the face and going down to the trunk and limbs. However, it may appear at first in other places, or appear simultaneously in different positions. For example, it may break out on the face and hands at the same time. Even in this case it preserves its principal characteristic. It consists of a single crop in any posi-

tion it may occupy. It is the same in the case of extremely mild discrete cases of smallpox, where the eruption consists of five or six spots appearing at the same time in different parts. They appear as though thrown at random on the integument. This peculiar course of the eruption explains why the lesions are in the same stage in each position. This is why, in the classical forms of the disease, the lesions on the face are more advanced than those on the upper limbs, and these are more advanced than on the lower limbs.

In chicken-pox the eruption appears in an irregular fashion in several crops. The spots appear one after the other, with one or several days' interval. The result is that in the same region lesions of different ages of development are found. Some are in a papular condition, others almost touching are already covered by a black crust, and by the side of them may be found a superficial spot, oblong, with jagged edges, and filled with a clear liquid. One cause of error, easy to avoid, consists in thinking that the lesions of smallpox are of different ages because they have not all the same appearance. All do not go through a complete course. Some abort, they remain in the papular stage, and soon become covered with crusts; others contain more pus, and do not dry up so quickly. Thus one can see at a given moment differently developed spots alongside each other, but by carefully looking at them it is seen that it is the smallest spots which are blighted and dried up, and the bigger ones which are full of pus. If called in at a late period, from this fact one may have a little hesitation; but if one knows well the objective characters of the lesions the problem may always be solved. I have particularly insisted on the difference between smallpox and chicken-pox because I constantly see these two diseases mistaken. The error may have serious consequences. I can easily recall a large number of cases of mild discrete smallpox notified as suffering from chicken-pox, and which have been the foci of often severe epidemics.

Hemorrhagic smallpox has special characters and gives opportunities for other errors in diagnosis. In the well-marked cases the papular eruption is wanting, or it appears just before death. It commences like the ordinary cases. It is only quicker and more intense in its onset. Then, at the end of twenty-four or twenty-six hours, appear different hemorrhages—purpuric, petechial, or astacoid rashes. The latter is characterized by an intense redness, often like wine-dregs. Unlike other rashes, it attacks generally the face, which becomes violet-colored and swells out. Subconjunctival hemorrhages give the patient a peculiar look; the white of the eye becomes absolutely red. At the same time hemorrhages are found in the mouth, the nose, the genital organs; intestinal hemorrhages, hematemesis, and bloody expectoration are common. On examining the mouth the tongue is

dry and black, the gums are covered with blood-stained crusts, the back of the pharynx, the roof and sides of the palate are covered with bloody exudation and scattered here and there with little ecchymoses, which M. Costa has likened to grains of tobacco. Nevertheless, in spite of the number and intensity of the hemorrhages, as well as a high state of fever, severe dyspnoea, and alarming general condition, the patient has a clear mind. Except he is an alcoholic there is no delirium. Little by little he realizes the end is approaching, and in a surprising manner gives particulars of his attack; he dies at last with full possession of his faculties, and one is struck by the fact that in such profound poisoning of the system the cerebral centers are unaffected. It is difficult for a doctor who has not had experience of hemorrhagic cases to believe that an individual so affected may die within twenty-four hours. When hemorrhagic smallpox is well marked it should always be easily recognized. No other disease has a similar clinical history. I have heard it contended that there is a hemorrhagic form of measles and scarlet fever. I do not wish to deny that these forms may exist, but amongst 5000 cases in my own experience I have not seen a single example. I also do not think that an attack of "purpura" can be accompanied by similar symptoms. In any case of doubt it would be better to treat it as smallpox. All the secretions containing the blood are laden with the specific germs.

I have several times seen people contract smallpox who had been in contact with cases supposed to be hemorrhagic scarlet fever or purpura. Quite recently a medical man called to attend a young man whose skin was covered with an astacoid rash diagnosed scarlet fever, and gave a very favorable prognosis. Next day, owing to the severity of the general symptoms and the multiple hemorrhages, he modified his prognosis, but kept to the diagnosis he had made. The same night the patient died without developing any papules. Fifteen days later three people who had waited on him were taken with smallpox, and one of them died from a confluent type. I could instance many more similar cases, but this will be sufficient to draw the attention of the clinician to the hemorrhagic variety, its peculiar characteristics, and to the necessity, in case of doubt, of vaccinating all in contact.

The extreme contagiousness of smallpox makes it a matter of great social importance that the disease should always be recognized. This can almost always be done by a proper appreciation of the objective characters of the eruption. Still, in difficult cases one may have recourse to other methods which, although they are more difficult to carry out, are still none the less important.

It is first necessary to examine the pus in the pustules under the microscope. In the case of pyæmia, acne, and erythema polymorphe, polynuclear bodies with staphylococci in their centers

will be found. In smallpox the pus is richer in mononuclear cells, and at the commencement, at least, there are no micro-organisms. On the other hand, there are peculiar small bodies, round or oval, which have been thought, in my opinion reasonably, to be the specific organisms of the disease. If it is a case of hemorrhagic smallpox, the examination of the blood-stained fluids passed by the patient will show the same elements. It is particularly the examination of the blood which will give the most important clues. In hemorrhagic smallpox, and in the early stages of the pustules in ordinary smallpox characteristic corpuscles will be seen. At the same time peculiar changes take place in the leucocytes. The leucocytosis of smallpox is of a mononuclear character, but a special mononucleosis; it is a myelocytosis similar to the myelocytosis in leukæmia. The polynuclear cells are always below normal. They vary from 40 to 50 per cent., and in severe cases, notably in hemorrhagic cases, fall to 20, and even 14, per cent.

The mononuclear cells are the more abundant; 30 to 40 per cent. are found. Besides them one finds large mononuclear neutrophile cells (2 to 10 per cent.), some mononuclear eosinophile cells (0.5 to 1 per cent.), and a mononuclear cell whose protoplasm (non-granular) has an affinity for nuclear stains (2 to 10 per cent.). One also finds intermediate forms of eosinophile cells, which, numerous enough at the beginning, disappear immediately, to again appear during convalescence. During the period of suppuration and desiccation appear leucocytic forms of the basophile variety, mono- or polynuclear, always in small numbers. These abnormal forms, abundant at the commencement, last during pustulation, and gradually disappear during convalescence. They are sometimes found at the end of forty days.

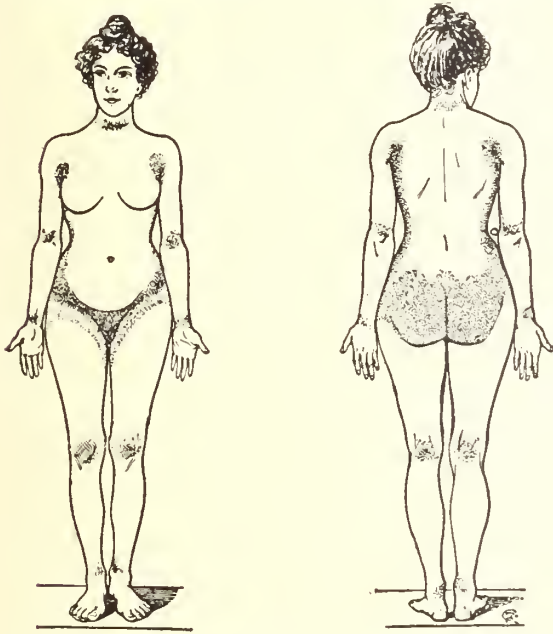
The diagnostic value of the condition of the leucocytes is very great. If Türk has found neutrophile myelocytes in pneumonia, Enfel in diphtheria, and Nieder in other infectious diseases, their number is very limited. These cells in those diseases are isolated; they are much scattered about. The peculiar blood-forms in smallpox enable a diagnosis to be made from scarlet fever and measles. In measles the polynuclear cells are 75 per cent. of the total leucocytes and in scarlet fever 85 to 95 per cent. It is only necessary to know that on complications arising the condition may be altered.

But this is not always the case. Thus, in three cases of fatal broncho-pneumonia in children, the polynuclear cells were respectively 14, 20, and 40 per cent. On the other hand, pneumonia supervening in an adult gave 67 per cent. of polynuclear cells. Finally, if the complication takes place during convalescence, one finds they vary between 65 and 78 per cent.

One disease alone gives similar results—that is, chicken-pox. This is not surprising, for chicken-pox seems to depend on a similar germ to

that of smallpox. But the characters of the two diseases are sufficiently well marked for a diagnosis to be made by simple clinical examination.

In conclusion, in doubtful cases of smallpox an examination of the blood enables a diagnosis to be made. This examination is easy enough, but still needs special appliances and knowledge. We frequently use it, and have been able to estimate its value and correctness; but, except in special cases, one ought to be able to spot smallpox from an objective examination. I have tried to point out the most common errors and the means to avoid them. One should always look out for smallpox in an acute infection,

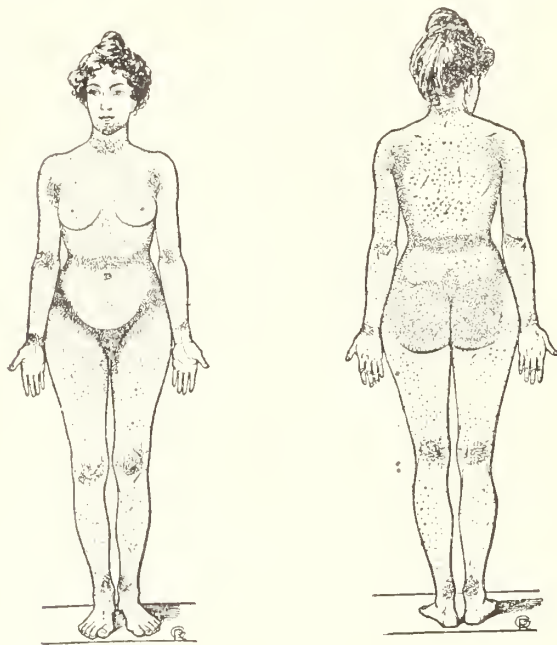


especially if there is a rash or hemorrhages, and not forget that if in doubt isolation and vaccination of the household is the best course to pursue. Smallpox, of all infective diseases, is the most easily avoided, and thus the moral responsibility of a medical man is great if from ignorance or negligence he allows the disease to be spread.

I have quite recently seen a patient in whom it seemed very difficult to make an exact diagnosis. Without the aid afforded by the examination of the blood it would have been difficult to say whether it was a smallpox rash or purpura. On March 14 a woman aged thirty-four came to me suffering from a purpuric rash. The previous history did not yield anything of value. She had had a right pleurisy, which had not left any physical signs. The present illness, dating from March 9, commenced with malaise, pain in the joints, and headache. Severe lumbar pains followed, and at the same time her menstrual period came on at the ordinary time, and the patient attributed her troubles to this. However, on the following days, although menstruation took its normal course, the patient got worse. On March 11 a rash appeared in

the groins, and forty-eight hours later extended to the axillæ and the regions round the joints. Next day menstruation ceased and the pains in the lumbar regions disappeared. However, as she felt herself getting worse, she called in a doctor, who said she had scarlet fever. There was evidently no reason for this diagnosis, as there were no enlarged glands, the throat was normal, the tongue simply white, and the eruption did certainly not resemble scarlet fever. It was essentially composed of little red hemorrhagic spots, which did not disappear on pressure. These points were as big as the eye of a needle and close together, slightly coherent, and in places confluent. The eruption had thus the well-known appearance of the rash of purpura, its distribution and symmetry. It formed round the groin two large bands, which extended above the antero-superior surface and the internal part of the thighs, joining above the pubis (where the red points were markedly confluent), and descended down the labia majora. Behind it was confined to the buttocks. The axillæ were covered by a similar eruption equally abundant, and joined to the former by two tracts corresponding to the sides of the trunk, gently fading away on the posterior surface. Purpuric patches developed in the folds of the elbows and the anterior surface of the wrists, and a band encircled the neck more abundant and more marked in front than behind. Two red rings went around the knees, enlarging a little in the popliteal spaces and the front of the knee-caps. Finally, on the ankles there were two patches, most marked on the internal surfaces. The eruption was a pronounced red, except on the buttocks, where it was more purple in color. In contradistinction to the rash of smallpox, it had a well-marked line of demarcation; save in this unimportant detail the characters were analogous. If reference is made to the description given by us, it will be seen that the objective signs are analogous, the symmetrical arrangement is similar, and the distribution is identical. The only difference, which is a minor detail, is that in this case the region of the knee-cap was affected, whilst in smallpox I have always seen this part free. Was this, then, a case of smallpox? The patient informed us that three months previously a case of smallpox occurred in the house she lived in. She had not been in contact with the patient, and also she had not been revaccinated. She had only been vaccinated twice, once as a baby and again at fourteen years—that is, twenty years previously—so that one might look on her as being a favorable subject for infection. Considering the initial back-ache, there were certainly some arguments in favor of smallpox. Still, there existed a disproportion between the extent and severity of the rash and the general symptoms. Although the depression and pains in joints were severe, the patient was not deeply affected. The fever was slight. On her arrival the temperature in

the vagina was 100.6° , and the next day it did not exceed 100.4° , and four days elapsed before the appearance of the rash. The most minute examination did not reveal a single papule or pustule either on the skin or mucous membranes. If it had been a case of smallpox, we should certainly have seen the characteristic eruption. Under the circumstances, to settle the doubt I had her isolated and also vaccinated. Forty-eight hours later the eruption was general. Almost the whole skin was covered with little hemorrhagic spots similar to those found before, but more scattered and paler in color. Only the face was free, but the point of the chin was



covered with a red stippling. The rash was less marked on the posterior surface of the body than on the anterior. The purpuric spots were scattered indiscriminately, save at the waist, where they continued to form a girdle. The primary rash was increased by fresh spots, which made it more apparent. In spite of this new development the general health was excellent, the temperature became normal, and the irritation disappeared. About March 19 the rash became paler; the spots which appeared the last, which had always been smaller and paler, disappeared the first. On the 21st they were scarcely visible. On the 26th there remained no skin eruption, and the patient, feeling quite recovered, was discharged.

To recapitulate, Was this a case of smallpox? The eruption at the beginning was very like a purpuric rash of smallpox. It is feasible to suppose an ill-defined case of smallpox, and to contend that in certain cases it limits itself to the production of a rash alone. Still, it would be difficult to believe that so severe and extensive a rash should be accompanied by such slight fever

and such slight general symptoms. I have never in my experience of 2000 cases seen such a disproportion. And, again, it is not common to see the smallpox rash come out in two crops, become so general, and attack a part of the face. Still, these arguments are not convincing. To further test the case I had her twice vaccinated, the day after her arrival and six days later. Neither time was successful, so the question was still unsolved. Revaccinations are too uncertain for this result to be used as an argument in favor of smallpox. If the clinical examination cannot definitely settle the point, it may be done by an examination of the blood. We examined the blood twice, the day after admission, and again on March 21. In both cases the number of leucocytes was normal, and no myelocytes were found. Accordingly, we were able to say it was not a case of smallpox. The patient remained in a ward amongst different convalescents from other diseases. She did not infect the others, and no case of smallpox occurred in this ward. From a dermatological point of view, the disease just described might, judged from the small size of the spots and the distribution, be called "*purpura minutissima metamerica*." To account for the morbid condition one must indulge in hypothesis. It is quite certain that purpura in the majority of cases is caused by poisons acting on the spinal marrow or by pathogenic organisms. In our case the premonitory symptoms—pains in the joints and the fever—point to an infective origin; the backache might be explained by the action of toxins, probably germs, on the spinal cord. This would be corroborated by the symmetrical distribution of the rash. The more we study the origin of infectious diseases, the more striking this peculiarity becomes. Very often in its early stages it is confined to the groins and axillæ, affecting the same parts as the rash of smallpox. In some cases it is necessary to wait forty-eight hours before giving an absolute diagnosis. We also see the symmetrical distribution in the different infective erythemata. Again, this case emphasizes the great importance of an examination of the blood in doubtful cases of smallpox.

—Dr. Ada F. Slick, formerly of Lambertville, Mich., has removed to 609 Hill Street, Ann Arbor, Mich. Dr. Slick will attend the famous lectures and clinics of the Practitioners' Post-Graduate and Clinical Courses of the University of Michigan Homeopathic Department, at Ann Arbor. We wish it were in our power to attend these same lectures and clinics; they are always fine, instructive, and up to the moment of exhibition. The teachers, lecturers, and operators are an enthusiastic lot, and the attendance is satisfactory. Dr. Slick will later study for a specialty, putting herself under the direct tutelage of members of the Ann Arbor school.

The Future of Medicine: How to Advance Homeopathy.

BY H. F. BIGGAR, M. D.
Cleveland, O.

What is requisite to assure a triumphant future for medicine? What factors are required? what are at hand? and how may they be used to contribute to such an end?

It is not in the least with any spirit of detraction from the high repute of our colleges that I point to them as the all-important factor—indeed, the prime mover—in what is sought for. In them lie the beginnings of the growth and breadth of medical culture, and there is developed the final impetus to the greater growth—the same fact with which we stand face to face at this moment. But it is patent to all that new conditions are impending and must be grappled with. It would seem that the colleges must advance in order to step into or maintain leadership—a point of vantage which is to them vital. There are lines of cleavage between older and newer aims and methods which are more and more apparent and insistent, that demand the instant reassembling and concentration of forces upon the hither side of the stream of events.

Through what channel and by what means the aim shall become the fact and at the same time to develop lines of control over the profession in its relations to them, it becomes my pleasant duty to outline. Let us do this with the single object in view of the advancement to the demands of the times in which we live; not invidiously, but generously.

Within the college we cannot fail to notice the undue predominance of one or more departments over others of equal importance; while actual experience of the greater number of students, which is to immediately follow, demonstrates an exactly reverse preponderance. That is to say, work in the college and work in the profession are not moving at even pace with each other. Again we notice an undifferentiated movement along the many lines of work, a lack of definition of purpose or fitness; while within the ranges of practice differentiation is a marked feature for which no previous educational selection or fitness has provided. This means generalities in teaching and specialties in practice, and amounts to unpronounced antagonism between them. We also note a degree of irresponsibility of the government and the teaching body. No power beyond itself is invoked or appealed to. True, State boards may have assumed some prerogatives, but as at present organized can be greatly improved. But most important of all, perhaps, is their standing with reference to the teaching bodies of the world. It is anomalous. They stand in the ranks of the independent lit-

erary colleges, whose legitimate work is the culmination of a course of general training, extending from child to man, and is the end; while their true standing is that of a school for special training, for which the general college course is the preparation, and can be fitly pursued only within influences of like kind, such as are only found in a university.

Outside of colleges we note the dangers of encroachment by State boards; failure to support on the part of the profession and societies; unfair competition; ill-considered criticism and comparison; all of which conduces to inability on their part to enforce their plans in general and detail, and positively checks any ambitions or hopes for higher excellences. Indeed it is absolutely impossible that they can rise above the outside powers that set their bounds.

Not to go into details upon these matters, the effects of which are impending at every step of the way, let this outline stand as the necessary prelude to the following suggestions.

First, I would have infused into the American Institute of Homeopathy, among its other schemes, one that should have for its object the practical unity of the profession in our great aims. Let the narrower personal be absorbed into the wider general. Let there be closer sympathy between teachers and taught, that practitioners may stand as logical exponents of college training. In particular the materia medica should be pushed to the front, even to the extent of thorough revision if need be, separate the grain from the chaff by thorough threshing and sifting. The new section of Homeopathics might well give this matter its early attention.

A superintendent of education, an official of that body, should annually report the exact standing, in all essential aspects, of every college in the land, for the information of all concerned. Such "vital statistics" would prove invaluable; just as among banks and other financial interests and State schools such data are essential.

That great body should labor unceasingly for larger influence in the States in support of their special interests and policies. In this the State societies are an already existing medium of co-operation.

Its great influence should be felt in subjects of legislation, foremost among which stand the movements for a national medical board, for the improvement of State boards, and for their closer coöperation. The effort of these bodies to distinguish themselves from all others is a serious obstacle. In this direction I gladly point to the well-known Ontario law as one of practical excellence. Under it there is a Medical Council of thirty-six, which is elective, is composed of all schools, is given full power over all preliminary and final tests of students, as well as over registration and license to practice. The same authority extends over graduates of other States upon admission to practice; over the curricula

*Extract from remarks in response to above toast at the banquet of N. Y. Homeopathic Medical Society, held at Utica, September 16, 1902.

and standing of colleges, and is a powerful factor in faculty appointments. I know of no better law in the world than that in Canada, for it both elevates and protects the profession. The consequence is, in spite of the rigidity which marks every stage of its operation, the medical schools are overcrowded. The best students flock to the best schools.

And, second, in our State or local concerns, in all that affects colleges and the profession singly or combined there should be rehabilitation or reorganization. A closer relationship should exist between alumni and alma mater, for the alumni are, generally, more deeply interested in the success of their Alma Mater than the professional staff. The alumni should be formally and legally organized into a court of judgment upon the acts of the college. It should advise or rule upon its faculty, its students, and its curriculum. It should have a voice in its policies and hold it responsible for results. For it is not so much that the college, in either its personal or corporate capacity, must sustain the burden of immediate or remote consequences; rather it is more that the burden falls upon the profession, which feels and responds to it, whatever the result. In short, the relation should be that of a congress of alumni, with a college executive. As to one item of such a plan, selection of members of faculties, a notable instance may be cited in the University of Edinburgh, where such procedure results in the mutual interest and help alike of patrons, alumni, faculty, and the state, and is altogether satisfactory.

More than this our colleges must be amply endowed, or go into affiliation with universities. In the first case, because they are financially unable to maintain equipment and a healthy business standing, and in the last their prestige is lowered in competition with university schools.

There should be an awakening on the part of both profession and schools in the direction of teaching the specialties and the wider sciences, and here the cry is loud for university opportunities. In these regards the practitioner, on his own motion, is far outstripping his college, which should have guided him into them.

Another phase of affiliation is under discussion by both sides, and will not down—that of school with school—homeopathic with allopathic, on equal terms. Shall we do it? No, not yet. True, there is a rapid passing of prejudices. Let us wait till the procession, including a host of other dead and dying things, gets by. We have no legitimate uses for the husks, the kernel being ours already. There are being made some rather captivating invitations, and alluring prospects held out; and yet one cannot help recalling the man of whom it is said; "He is never more dangerous than when he means well."

But, it is to be remembered that in liberality there is strength; in narrowness weakness. Liberality in teaching, proficiency in the best acquirements of the so-called systems, is the bed-

rock of the revolutionary spirit that pervades the science of medicine to-day. No one of them is built on nothing. It is this principle that has been crystallized into the modern definition of the homeopathist:

"The homeopathic physician is one who adds to his medical knowledge a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

I am a homeopathist, so classed traditionally, experimentally, and officially; and under this definition I claim the right of both law and conscience in the practice of all good things in all systems. I am a Hahnemanian homeopathist, with inherent rights in this great storehouse of special knowledge, plus the vast accumulations of learning from his day to my day. It is from such a fund that I draw to enrich my own experience and to enhance my own usefulness. Now, therefore, I hold that by both liberty of conscience and law, and of official definition, I may claim the right to advocate and urge university affiliation for the best interests of the homeopathic schools, for the best interests of the homeopathic profession, and as a tremendous engine in medical progress.

University affiliation is in exact parallel with the great definition, and is its logical result; it is exactly timed with the great movement in the world of medicine. If we have the courage of conviction and do not fail to grasp the opportunity so timely thrust upon us, then all the more promptly may we step forward to snatch the advantage of opportunity. Therefore, in the natural course of events, there would be added the national board of registration, with license to practice in any State or territory of the Union, including the army and navy. There would be added reorganization and definition of the just powers of State boards. There would certainly be added the collegiate-degree-standard of admission to colleges.

To my mind, whose every effort and means and end is for the uplifting and stability of the homeopathic school of medicine, there is in it our advantage, and that only. Let it be so, that our students must learn from both schools. What of that? The universal testimony with those of experience is that the best equipped, the strictest and stanchest homeopathists are graduated from these schools. They have passed through the fiercest contentions and tests, and have won. Such equipment is theirs "by tradition, by inheritance, by right," and by the demands of the time in which they live, and we have no right to cast such insignificant obstacles as our prejudice in the way of it. Stapff, another "beloved disciple," broken and sore at heart because of the death of his child, writes to Hahneman, that "homeopathy, of itself, alone, is not always sufficient."

And now, third, what other thing lies at our hand to do, that has not been done?

There should be more evangelistic work. Even the magnificent church of America does not attract alone by its magnificence, nor by its imposing ceremonies and services, nor by its high principles or moral superiority, nor any other internal excellence. It wins its way into the hearts of increasing numbers of men by energetic persistent presentation to the public of its claim. It follows the lead of the great Evangel. No ethical shell binds it to the littleness of antiquated conformity. Thus it succeeds. We, too, should go from city to city to "inform the churches." We should let the people know what we are doing; our duty is not done when doctors alone are duly informed. It is a debt we owe to the people who so generally support our cause. We are constantly in the midst of series of splendid results which would most certainly be appreciated by those who have made success possible. There are open to us and freely at command literary journals, the newspaper press, reprints, pamphlets, books, public addresses, all invaluable adjuncts in the course of reform. It is a dignified as well as successful proceeding. Let us do more of it.

Now mark this: when we have done our full duty in such regards, then, and not till then, are we justified in pressing upon the attention of the rich philanthropists our claims for endowments, and financial aid in reorganization projects. Then, and not till then, shall we be able to answer the first question such men ask of us: What are you doing for yourselves? To further such ends there might be established a permanent fund, one maintained by small annual assessments, for a limited time, upon every practicing physician and surgeon of the country. It surely would return to the givers increased a hundred-fold.

There is no intention in these propositions to embarrass, or obstruct, or destroy any establishment. Indeed, I think results would be quite the contrary. Built up according to the circumstances and exigencies of their times, all have done their parts well. It is to reconstruct; to face a new future as a solidarity and not as a rope of sand; to render symmetrical what are now deformities. My intention is conservative; if in the heat of feeling any suggestion seems radical, it should be at least believed to be from an honest and helpful purpose. I know that the application falls woefully short, but on the score of sincerity I might hope to stand by the side of the great Englishman, Lord Beresford, of whom a friend said: "He is so popular because he loves his country so much that he does not fear to tell of her faults and weaknesses." Let each one of us be a Beresford. I love my profession. I love my school and the author of it, with his followers from his time to this time and for coming time.

Hahnemann was our immortal apostle; the Martin Luther of Protestantism, the John Knox of Calvinism, the John Wesley of Methodism, the William Lloyd Garrison of Abolitionism.

Let us be honest and fearless founders and builders, as they were.

Homeopathy is crystallization of the best medical thought and fact of all time, and of all medical professions stands first and foremost in the ranks of medical science, art, and skill. Let us preserve it in honesty and purity, build upon it higher and higher to the very topmost round of attainment.

There are veterans in the cause around this banqueting board to-night. Age may have dimmed their eyes, but has not weakened their affections or ardor. They decline to be laid upon the shelf to gather dust and mildew; they refuse to enter the limbo of the forgotten, for no one grows old who keeps abreast of his time and loves his profession. The heroism and self-sacrifices of such lives will balance all the shadowy pages in their ledgers of life. No shaft of marble or granite may be needful to remind us that they have lived, for "they have blazed a clear road for you and me. They struggled for all; they planned, they dared, they gave us liberty. Behold them! giant servants of the truth which made us free."

The cause we urge to-night is worthy, and its progress will justify our most confident expectations. It is worthy of inauguration in this city, where so many great governmental projects have been born; where national parties have been successfully organized; where national policies have been molded; the home of Seymour and Conkling, to whom obstructions were as straws in the mighty wind. There is no worthier cause in all the broad field of medical effort. For such an advancement are we not each and all willing to struggle? We may fall short, at once, of our complete desire, but we cannot utterly fail; manly struggle for the right never fails. We should hold to faith in the brethern. Many who are groping in the twilight of hesitancy and doubt will rejoice in the resplendent illumination of their pathway, and emerge from the conflict to a clearer day and broadened horizon.

It is a righteous cause, and when we have attained the goal of advancement of the medical profession, and have assured the glory and stability of homeopathy, we may shout our hosannas, and with the choiring of the stars chant the anthems in the assemblies of the blessed cherubim and seraphim.

260 Euclid Avenue, Cleveland, O.

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*In Memoriam—Talcott.**

Dr. Selden Haines Talcott was born July 7, 1842, in Rome, Oneida Co., N. Y. His boyhood was spent on a farm. He graduated from the Rome Academy in 1864, and soon thereafter entered Hamilton College one month later and enlisted as a private in the Fifteenth New York Volunteer Engineers and served about one year; he

* Read by Maurice C. Ashley, Middletown, at Utica, September, 1902, N. Y. State Med. Soc.

was honorably discharged June 30, 1865. Returning to Hamilton College soon after the war, he resumed his studies and graduated with the class of 1869. In his junior year Dr. Talcott was a prize speaker, and in his senior year he was one of the Clark prize orators, and also editor of the Hamilton Campus. The degree of Master of Arts was conferred upon him by his Alma Mater in 1874, and the honorary degree of Doctor of Philosophy from the same college in 1882. After graduating from Hamilton he studied medicine at the New York Homeopathic College, where he graduated March 1, 1872; he was the valedictorian of his class. He then entered into partnership with Dr. E. A. Munger, of Waterville, N. Y. In 1873 he married Miss Sarah A. Munger, the daughter of his partner. In September, 1875, Dr. Talcott was elected chief of staff of the Homeopathic Hospital on Ward's Island. He also acted as Medical Superintendent of the New York City Asylum for Inebriates, and at one time as the Medical Officer of the Soldiers' Retreat in New York City.

Dr. Talcott was a member of many State and national organizations, and held offices in several of them from time to time, having been President of the American Institute of Homeopathy, of the New York State Homeopathic Medical Society, of the Oneida and Orange County Homeopathic Medical Society. He was an associate member of the Royal Society of Medicine in Berlin. He held many offices of trust and honor in Middletown, where he had lived for twenty-five years.

Dr. Talcott has written many articles for medical journals which have been widely copied; he has also published numerous pamphlets on medical topics. His only book, entitled "Mental Diseases and Their Modern Treatment," was published a year ago last Spring. Dr. Talcott has delivered many lectures and addresses before literary and other organizations, one of the last being a beautiful tribute to Hon. Luther R. Marsh on his ninetieth birthday, entitled "The Sunset of Life," and for several years he was a regular lecturer on insanity in the Hahnemann Medical College in Philadelphia, Pa. For more than twenty years he was a lecturer on Mental and Nervous Diseases in the New York Homeopathic Medical College.

In 1877 Dr. Talcott was, by the unanimous choice of the board of trustees, appointed medical superintendent of the Middletown State Homeopathic Hospital for the Insane, and on April 24 of that year his real life work began. This small undeveloped, unorganized, unknown hospital for the insane was located at Middletown, N. Y. Dr. Talcott, in the full vigor of youth, full of energy and ambition, then and there began the work of developing what is to-day generally conceded to be the most successful and the most humane, as well as the largest, homeopathic hospital for the insane in this or any other country.

There stands to-day in Middletown, N. Y., as evidence of this man's skill as a physician, of his executive ability, and of his untiring and continuous labors for the sick in mind and body, a monument—not a cold shaft of marble or granite, but an asylum for the distressed in mind—a place where they may seek seclusion, rest, and restoration.

Almost under the shadow of this great hospital lies all that is mortal of this physician, who has done so much to demonstrate the efficacy of homeopathy in the care and cure of the insane.

Dr. Talcott was generously endowed by nature. He had a magnificent physique; he was tall, with a full chest, splendid broad shoulders, and handsome, abundant hair and beard, which had grown gray during the past two years. He was fond of the creature comforts, loved his ease, rejoiced in a good meal, a good story, a hearty laugh. A joke was always appreciated by him. Illustrative of his sense of humor being always on the alert, is the following incident of his late illness: His attending physician and the writer stood beside his bed one day after a two (or three) days' fast on doctor's part, while the nurse was preparing some gum-arabic water for him. Dr. Talcott was then very weak, but he looked up at his nurse with the merry twinkle in his eye which we all remember so well, and said: "Thou preparest a feast before me in the presence of my enemies." This little joke at the expense of his physicians, who had found it necessary to keep him on a very low diet, was the nearest approach to fault-finding that one can recall during his four weeks' illness. There was something very touching in his submission alike to his illness and to the measures that seemed best to adopt in caring for him. It served to endear him to all who had the privilege of doing anything for him during those last days.

Dr. Talcott was a keen observer, his mind grasped quickly the salient points of a situation; he was prompt in action, though seemingly inactive; he was impatient with delays; he liked his orders carried out instantly and to the letter; he could not brook carelessness or failure. He was not so much a student of books, during his later years, as he was of men. One of his strong traits was his ability to command the loyalty and the affection of his helpers, even when they differed from him in opinions. He loved to say comforting things to persons in distress. Evidences of physical or mental pain he was keenly alive to, and he tried, in his big-hearted way, to alleviate them. He liked to feel himself useful. Let him feel that a person was looking to him, and to him only, for succor, material or otherwise, and he would tax his resources to help him. He hated to witness suffering, was easily moved to compassion, consequently a trip through the hospital wards often exhausted him, even when in the possession of full physical vigor. He loved to clear away pain and the evidences of it. He loved to quiet strife and contention. He

passionately longed for harmony and peace in all relations and in all persons who had to do with each other. He was very charitable concerning the mistakes of others, excepting stupidity; this was the one thing he would not tolerate and concerning which he could not conceal his impatience. The quality of mercy was not strained with him, and people often took advantage of his tolerance; it was not so much that he was blinded to their faults, as that he was merciful. A spirit of toleration for the unfortunate and of forgiveness for the erring were prominent traits. In fact, those who knew him best used, laughingly but truthfully, to say that, in order to be judged leniently by Dr. Talcott, one must be convicted of some glaring weakness. The very weakness of the culprit's defense seemed to appeal to a certain chivalry in Doctor's nature, and the unworthy culprit often stood a better chance than one who could defend his conduct.

Doctor's was a generous nature, as all who have known him will agree to. His annual dinners to the medical students and his quarterly trustee dinners showed his large-hearted hospitality. With what delight did he prepare the menus, and how painstaking he was to see that every order was carried out, even to the smallest detail. On Thanksgiving and other holidays he enjoyed going from one ward of the hospital to another and carving the turkeys and chickens for the nurses and patients.

Endowed as he was with a large physique, possessed of a hopeful temperament, and with the strong appetites that go with this make-up, we can readily understand how these helped him to look after the physical needs of the large number of unfortunate persons intrusted to his care. He tried to build up the reduced bodies of his patients, believing that when that is accomplished much has been done toward mental restoration as well. His close attention to the material needs, food, clothes, blankets, pleasant surroundings, etc., his care concerning all of these things, were made possible just because this side of his nature was so generously endowed.

Dr. Talcott's fidelity to homeopathy is unquestioned and, I think, one may say, unrivaled, by any in our school. The Homeopathic Hospital at Middletown is not one in name only, but it has been conducted on strict homeopathic principles during Dr. Talcott's entire charge. Sometimes when young members of his staff have made suggestions and tried to persuade Dr. Talcott to let them try some vaunted remedy not strictly homeopathic, Doctor would usually reply: "Homeopathy has carried us along thus far; it has been good enough for twenty-five years; I guess we will try it a while longer."

Dr. Talcott was unduly sensitive to praise and to blame. He suffered from criticism in proportion as he brightened under merited praise. His sensitiveness to criticism, even the criticism of the patients, has often been noticed. His peculiar conservative tendencies made him dread proposed changes in the management of the State

hospitals. He had become accustomed to the Board of Managers. He was unduly apprehensive of other management, fearing that it could not possibly be so friendly. He felt himself grown too old and too tired to face innovations. All these, it is believed, were but signs of the breaking down of his physical health. He was far from well when he attended the banquet given in his honor in New York, and, gratifying as this tribute was to him, he seemed too weak to rally from the physical and emotional strain.

How he himself would have appreciated in another's life the almost dramatic end that came to him. At the zenith of his career, his life well spent, his work well done, he rounded out his twenty-five years of service in the institution which had grown so dear to him. Happy in the appreciation of his loving friends, manifested in the presentation of those two loving cups (one from his Board of Managers, and one from his medical friends) typical as they are of the genuine affection he always commanded, his death came as a climax to his splendidly successful career.

Dr. Talcott came to the institution for only half a day after his return from the banquet in New York. "Look after things, I'm going home to rest," he said, as he usually did on leaving the hospital in the afternoon, and none of us thought of the deeper significance in his words at this time. His illness of a few weeks is too painful to dwell upon; likewise his death, which occurred June 15, 1902. One prefers rather to think of him as having entered into that rest which he so fondly craved.

—That modern Antinous—J. Richey Horner of Cleveland, incumbent of an Institute office which does not exist—was latterly at Chicago, taking in the sights and some post-graduate work. During these labors he found time to write a letter to his journal, *The Cleveland Medical and Surgical Reporter*, which plainly showed that some Chicago man was using undue influence upon our fellow-citizen. For in this letter he saw pretty near the same kind of a future for Chicago as did the distinguished editor of the *Medical Era*. It's a pretty risky thing to write a letter of that kind to another city, and especially when the praise which ought to be found bubbling up spontaneously for the home college is oozing out at the corners for the Chicago schools and other institutions. Chicago is a big town and has in it many doctors; yet we know that Cleveland is just as good as a field of practice; and so far as the medical schools are concerned we are not disposed to grant Chicago any precedence. We have just as good schools here, especially the princely endowed ones. There is just as much enthusiasm to the square inch among Cleveland physicians as there is in Chicago, and we are ready to say that there is a good deal more cohesion among the homeopaths than there is in Chicago.



The Medical Library

By O B SERVER

La Migraine et son Traitement.

In a small work on migraine Professor Kovalevsky (Paris) discusses the ætiology, pathology, and treatment of the disorder. He recognizes simple, ophthalmic, and nervous migraine, and migraine associated with ophthalmoplegia as the chief clinical varieties. Its relation to epilepsy and other diseases is discussed, and in considering the pathology the author inclines to a vasomotor neurosis, but here, as elsewhere, lays great stress on the element of heredity. In treatment he depends mainly upon a diet largely composed of milk and vegetable substances, with very little meat. The bromides he finds the most serviceable drugs, but also obtains assistance from electropathic and hydropathic measures.

Dr. Alexander Spitzer (Jena) in another work on migraine is chiefly concerned with pathological problems. The toxic, reflex, vasomotor, and central nervous theories of the diseases are discussed and criticised. The author considers that any theory should take into account a permanently underlying cause of migraine as well as the temporary conditions which give rise to an actual attack, and he suggests for the former some stenosis—relative or absolute—of the foramen of Monro. The actual attack would be brought on by anything which further increased the stenosis—as, for instance, changes connected with the choroid plexus, and would be due to increased pressure owing to the obstruction to the outflow of cerebro-spinal fluid, relief being obtained when the pressure becomes sufficiently high to overcome the obstruction.

Etudes Anatomiques sur les Grossesses Tubaires.

Tubal pregnancy is a subject of great practical importance, and the theory of its relation to salpingitis raises so many questions of clinical and pathological interest that we need make no apology for discussing at somewhat unusual length two contributions to the subject which have appeared recently, the one due to a French and the other to a Danish observer. Fifteen cases in which the tubal sac contained living ova form the basis of the valuable essay by Dr. Couvelaire on "the morbid anatomy of tubal pregnancy." In no fewer than seven of the fifteen the sac had developed in the isthmus, so that there were only eight ampullary pregnan-

cies. The sac was in no case interstitial or purely infundibular. The cases are recorded in full, and the anatomy of tubal gestation studied synthetically and analytically. The entire aim of the author is to demonstrate the anatomy of the fetal appendages and the relation of these products of conception to the tissues of the fallopian tube. That is the reason why he has excluded all cases in which secondary changes interrupting the pregnancy had occurred. As the result of his labors Couvelaire rejects the theory that a previous pathological change in the tubal mucosa is a necessary condition in tubal pregnancy. The "desquamative salpingitis" of Lawson Tait is, he thinks, imaginary as far as ectopic gestation is concerned. Here we must observe that Petersen has traced a close connection between tubal gestation and previous salpingitis. The changes in the tubal mucosa, according to what Couvelaire can detect are the manifestation of physiological reaction caused by the presence of the ovum. So far the author supports Clarence Webster, who was the first to demonstrate that the ovum gone astray sets up, or is associated with, "decidual reaction" in the tube just as the ovum in its right place sets up a similar reaction in the mucous membrane of the uterus. On the other hand, Couvelaire failed to detect any decidual reaction in the opposite or non-gravid tube in any instance, though Webster claims to have demonstrated such a change. The author of this essay further insists that comparisons must not be forced between the uniform and well-distributed decidua vera of the pregnant uterus and the localized and irregular modifications of the mucosa of the gravid tube around the ovum. Nor does Couvelaire find that these modifications are ever preliminary to the abnormal gestation. We have no reason to believe, says Couvelaire, that the stimulus of impregnation first sets up a decidual reaction which, when it extends, as an abnormal condition, to the tubal mucosa, arrests the ovum, and thus causes the pregnancy to develop in the tube. On the contrary, in the cases which he examined where the pregnancy was very early the changes in the mucosa around the ovum were very trifling, whilst in the specimens where gestation was more advanced the muscular coat, as well as the mucous membrane, was involved in essential modifications. Even then, these changes were all but limited to the tubal tissues adjacent to the ovum.

These researches show that it is now easy to understand certain after-histories of tubal gesta-

tion which till recently were held by many as gross misinterpretations. A tube which casts an ovum may clearly recover, and it is not necessarily so damaged as to be incapable of becoming once more the seat of a fetal sac.

The histologist's attention will be turned to the author's description of the development of the free pole of the ovum, the part which projects into the tube. He finds no proof that it is invested with a true decidua reflexa, its tissues seem of purely fetal origin. He has detected portions of the tubal plicæ adherent to the free pole of the ovum, but he noted after careful inspection that as the pregnancy advances these portions of the maternal tissues are dragged upon till they become mere threads with degenerated epithelium. In short, there is no imbedding of the ovum and closing in over it of a mucosa which plays an active share in developing the appendages of the ovum; on the contrary, the ovum tends to free itself from the maternal tissues as pregnancy advances.

The surgeon, experienced in operations on this condition, will not be surprised that Couvelaire can show him that the changes in the tubal tissues, though very incompetent as imitations of uterine decidua developed for the benefit of the fetus, are essentially liable to cause those well-known accidents so prejudicial to the mother. The muscular as well as the mucous coats of the tube undergo changes which weaken the tubal wall, but interstitial hemorrhages also occur in the same region and these either increase the weakness of the wall or are the direct cause of rupture.

Beitraege zur pathologischen Anatomie der graviden Tube.

The "Contributions to the Pathological Anatomy of the Gravid Tube" upon which Dr. Petersen founded a thesis submitted to the University of Copenhagen in 1890 comprise an account of 14 cases of tubal pregnancy which occurred in the Royal Maternity in the Danish capital. The chief interest of this publication is the evidence which Petersen brings forward in support of the older view mentioned above that inflammatory changes are predisposing causes even if not the usual and immediate cause of tubal gestation. Unfortunately Petersen, unlike Couvelaire, publishes no illustrations. He has, on the other hand, brought forward histological and clinical evidence in favor of his theory. The traces of salpingitis common around the fetal sac are not, he insists, the result of its development. The long pause often noted in clinical reports between the last normal pregnancy and the tubal pregnancy favors the salpingitis theory. Pelvic inflammation of uterine not tubal origin explains the interval of sterility, during which space of time the tubes become involved. Bilateral salpingitis seems the rule in tubal pregnancy, at least according to this author's researches, though

he does not imply that the advanced forms—pyosalpinx or hydrosalpinx—are necessarily present in the non-gravid tube. In the gravid tube he finds inflammatory changes clearly older than the gestation itself. The fungation of the mucosa familiar in chronic salpingitis promotes the imbedding of the ovum. Perhaps the most important statement of Petersen's researches is that to be found at page 37. He declares that he has detected distinct and extensive "decidual reaction" in the gravid and in the opposite tube, and the decidual elements are to be seen not only where the mucous membrane is normal, but also where it is the seat of a slight degree of catarrhal inflammation (*sondern auch wo sie schwach katarrhalisch verändert ist*). We should have liked to see some drawings of this condition. Those who, with Couvelaire, hold the opposite theory as correct, will never be convinced by verbal descriptions and interpretations of appearances in favor of the salpingitis theory. Petersen makes out that decidual changes in the tubal mucosa beyond the immediate seat of attachment of the ovum develop relatively late, about the second month. So far he agrees with Couvelaire as to the very limited decidual reaction in early tubal gestation.

La Therapeutique par les Agents Physiques.

Dr. Guimbail in his book on "The Therapeutics of Physical Agencies" has made an effort to give a scientific explanation of the effects produced by electricity and other agencies upon the human body in health and disease. In order to do this he has considered the subject under three headings—descriptive, physiological, and clinical therapeutics. In a short introduction he makes an attack upon the inefficiency of drugs, but it is only too obvious that the author is a specialist holding a brief for physical means of cure. The attack upon ordinary therapeutical agencies could have been more forgiven had the author stated his case in favor of electricity and other agencies in more moderate terms, had he relied less upon theories, and had he given more details of the forms of malady to be treated by different means. He gives a description of a form of electrical treatment by "polyphasic currents," and recommends it in neurasthenia, dyspepsia, dysmenorrhea, infantile paralysis, etc. The explanation given of the results in dyspepsia and other disorders of the alimentary tract is based on researches made by d'Arsonval and Charrin, who found that currents of high frequency are capable of rendering diphtheria bacilli less harmful, and not only destroy toxic bodies, but even produce a certain degree of immunising effect. Electric baths are described, and are recommended in all cases of sensory disturbances, rheumatism, gout, obesity, asthma, chorea, athetosis, insomnia, etc. An ingenious theory is advanced to explain the effects of an

electric current in hysterical paralysis, etc. It is an application of the discovery by Branly that a current failed to pass through a tube containing metal filings unless such tube was brought into an electric field. In hysteria the author thinks that hypothetical elements of the nervous system are in the condition of the non-conducting particles of metal in Branly's experiment. It is quite in keeping with past history that a recent development of electricity such as the adoption by Marconi of Branly's observation to wireless telegraphy should find someone ready to apply it to explain normal or disturbed functions in the human body. The book, instead of giving details on physical therapeutics, is mainly concerned with elaborate theories as to the functional activity of the nervous system in health and disease.

Manuale del Massagia.

It often seems that the author of a manual of massage "doth protest too much." One wonders if there is any disease that massage will not cure or alleviate. When it comes to massage of the uterus and annexa per vaginam even Dr. Majnoni (who says he has not practiced it himself) feels it necessary to offer some defense against the obvious suspicion such a practice would arouse. That massage is useful in some cases no one would deny, but it is a little surprising to see it advocated in the form of "vibratory massage" as a remedy for ozena and other diseases of the nasal mucous membranes.

Geschichte der Pocken und der Impfung.

Dr. Kübler has for years been responsible for the statistics of smallpox issued by the Imperial Health Office, and is a master of his subject. In an introductory chapter of his work he gives a minute clinical description of smallpox, and expresses the opinion that Sydenham and others, for example, Heim and Hufeland, were possibly correct in speaking of "abortive smallpox" (*febris variolosa sine variolis*). The ancient history of the disease recorded by Greek, Latin, and, especially, Arabian writers, is reviewed. The "Attic pest," described so minutely by Thucydides, which birds and dogs took from men, cannot be identified with any known infectious disease. Doubtful, too, is the Antonine pest (Galen's pest) of which Marcus Aurelius died. Moore's references to ancient Chinese writings are all vague, and so is the story of an Indian goddess of smallpox; all is for Dr. Kübler uncertain, till we come down to Arabian writers, especially Rhazes (A.D. 880). All known writers on smallpox are mentioned, and many criticised. Luther applied the term "schwarze Blattern" (black pox) in translating the Bible. The term "smallpox" is mentioned in a letter dated July 14, 1518, in which Wolsey is in-

formed that Henry VIII. is leaving Wallingford on account of the "small-pokkes" and "mezils" and the "great sickness" (plague) there. The term "variola" is first met with in a writing of Bishop Marius von Avenches (Lausanne). . . . "et variola Italiam Galliamque afflixit," in the year 570. Portraits of Sydenham, Boerhaave, Lady Mary Wortley Montague, Jenner, etc., are given. The hand of Sarah Nelmes is also reproduced.

Clinique des Maladies du Systeme Nerveux.

The collection of clinical lectures on Diseases of the Nervous System delivered at the Salpêtrière Hospital by Professor Raymond is characterized throughout by the richness of material, breadth of view, and lucidity of utterance expected of Charcot's successor. The two volumes comprise so wide a range of subjects that their mere enumeration would take up much space.

Jacksonian epilepsy, which Professor Raymond considers should be described as Bravais-Jacksonian epilepsy, as this class of diseases was described by Bravais, a Parisian physician, in 1827, is described at considerable length. Professor Raymond considers that surgical interference in these cases is far from realizing those results which, if the area removed corresponds to the epilepto-genetic center, might reasonably be expected to follow. In illustration of this, he quotes notes of some 31 cases by Horsley, Parker and Gotch, Gerster and Sachs, Benda, and others, and states that out of these 9 resulted in failure, 9 were improved, and 13 were instanced as cures, but only in 3 cases did the period of post-operative observation exceed three years. The frequent reappearance of attacks has been attributed to various causes—cicatricial adherence between brain or meninges and cranial parietes, compression of Rolandic area by reimplanted bone, etc. Professor Raymond, however, considers that these explanations are unsatisfactory, that a partial cortical epilepsy depends on purely dynamical alterations persisting after the original trauma, and affecting not only the cortical center corresponding to the group of muscles in which the convulsive attack begins but other cortical centers which are in functional relation with it, and that to excise the primary epilepto-genetic is merely to remove that area in which the attacks attain their maximum intensity.

—Dr. Wm. O. Forbes, because of a persistent bronchial affection and the advice of eminent counsel, has determined on leaving Chicago for the Winter, and taking up his residence and practice in Hot Springs, Ark. We trust our energetic but ailing brother may find the Healing Waters to be all that his condition may require.

TOPICS OF THE HOUR

The New York State Society.

The recently closed meeting at Utica was one of the triumphs of this famous State Society. It was well planned by its President, Dr. John L. Moffat, and Secretary Dr. De Witt G. Wilcox, and excellently carried out by the local profession.

The Society opened its work with an address of welcome by the Mayor, to which the President responded in graceful terms, and at once the Society proceeded to business. The bureaus were well represented and the papers interesting and instructive. To go into a particular mention of them would require more space than we could give; we will mention a few, however, not because of their greater merit over the others, but because they were of the novel and more interesting order. One of these was a paper by Dr. Emily F. Swett on "The Advantages of Homeopathy in Gynecology," which was well rendered and enjoyed a good discussion. Dr. J. G. Chadwick of Buffalo read a paper on "A Consideration of Some Pathological Conditions of the Blood in Early Life," which was discussed by Dr. George F. Laidlaw. "The Mystery of Infection" was the attractive title of a paper by Dr. S. R. Snow of Rochester. Dr. Wm. F. Honan, in the Section on Surgery, presented a fine paper on "Ligation of Arteries Preliminary to the removal of Malignant Growth, with Report of Cases."

The banquet in the evening at the Masonic Temple was one of the gala occasions for which this Society is always noted. There gathered about the mahogany a band of physicians who are known not only through the length and breadth of their own State, but many of them are world-famous.

The toastmaster of the occasion, Gen. M. O. Terry, was in his element, and delivered the toasts with happy introductory speeches that made the evening one long to be remembered as pleasant and profitable. The memories of Helmut, Talcott, and Hughes were drunk in silence, the toastmaster having first paid a glowing tribute to their greatness. The toasts were begun with ex-President Wm. M. Butler, who had "The Family Physician" assigned to him, which he handled with consummate skill and aptness, not forgetting to score the toastmaster occasionally on his confirmed bachelorhood. Dr. John L. Moffat, the President, drew "The Lion and the Lamb," and the two historical animals were well handled, the practical point being to show that the homeopathic lamb was not yet ready, high authority to contrary notwithstanding, to be absorbed by the allopathic school. "Let no trust in Delilah undo the work of the last, fifty-four years in this State!" Dr. Lynn

A. Martin of Binghamton gave his reasons for not being classed a chiroprapist, notwithstanding he had been assigned the toast of "Views Afoot." He gave an excellent little talk on his recent travels in the old country, closing with a delightful poem on Dr. Terry, which created much amusement and merriment. Dr. Geo. W. Roberts, the very efficient Secretary of the newly revised New York Homeopathic Medical College, had his college for subject and acquitted him well. He, too, as the other of the speakers, had it in for the toast-master. Dr. Roberts said that his college bears a good reputation, and its students stand high in the eye of the examiners. The faculty had in mind only the good of the college and of homeopathy. He asked for the support of the Society. Dr. DeWitt G. Wilcox—who should be sobriqueted as DeWitty Wilcox—was in his primal element of fun and mischief when he began with "Utica and the Uticans." He drew upon ancient and modern history, with anecdote and story, compliment and repartee, filling his allotted time to the overbrimming with pithy stories and apt allusions so that his closing came all too soon. He read a pathetic letter from Dr. Samuel A. Jones, the author of "A Homeopath's Faith" that drew pleasant attention to this great homeopath. Dr. LeSeure of Batavia was at his best in "The Surgeon; No pent-up Utica can bound his powers." His remarks were filled with happy personal allusions which were appreciated by the assembled guests.

New Method of Vaccinating.

Dr. Boicey (Gazz. Med. Lombarda), being dissatisfied with the results obtained by the ordinary methods of vaccination, has tried the following method, by which he gets better results. This consists in first producing a small blister by means of the application of a little disc of leather (shaped like Mayor's hammer) previously soaked for about three minutes in boiling water. A small blister about 1-2 cm. is formed under the skin and into this the lymph is injected with a needle or lancet. The results in the 18 cases experimented upon were as follows. One failed entirely, but had been successfully vaccinated only three months previously. Two had general symptoms (fever, restlessness, etc.) without local pustule. The remaining 15 gave characteristic pustules. Of these 15, 5 had been previously vaccinated with positive and 10 with negative result. The author says no more pain is caused by his method than by the usual mode of procedure.

The Institute Transactions.

On September 16 we received the Transactions of the American Institute of Homeopathy of the

meeting that had adjourned on June 21! It requires no blue print to show that this has been expedition most remarkable. There is no doubt that Chicago printers work faster than some of the way-down-east members of that same craft. The work is finely done, showing an intelligent and busy hand at work in all its pages. Dr. J. C. Wood has a somewhat sleepy looking picture of himself gracing the frontispiece. Other pictures are those of the Institute's dead—Helmuth and Talcott, each appearing in full page; and other pages containing others of our dead. In such parts of the printed volume as we have had time to browse we find no evidence of haste or slipshodness; in short, the book bears every evidence of having been thoroughly well planned and as well and thoroughly executed. Like every other doctor and member we turned at once to see if our little speech had gotten in, and if our name was spelled right, and found both to be O K. In truth, we can nowhere find any reason for criticising or complaining. Secretary Gatchell is to be congratulated upon his first volume of Transactions. It is very fine. Another thing to be remarked is the fact that he, this enterprising Secretary, took upon himself the expressing of the volumes direct from the printers' office; thus, while adding to his own labors, he reduced the labors of others, especially the need of handling of these books by our good and energetic Treasurer, T. Franklin Smith. This was possibly brought about by the proximity of the Secretary to the print shop. In this connection, however, Treasurer T. Franklin Smith asks for a prompt remittance of dues, in order to honor the prompt appearance of the Transactions, by paying the printers' and binders' and express' bill.

Three Times and Out.

It will be news to the general profession to learn that in Cleveland the arbitrary Board of Health has decreed that the victim must be vaccinated at least three times, if the former two times do not "take." After that—in the schools—the victim may bring a respectfully couched certificate from his family physician to that effect, and the callow district physicians, who are having a hey-day of harvest with their vaccine points, may accept the same and excuse the children from further depredations upon their health. Just why three times has been decided upon as the point of invulnerability is for the city health authorities to explain; it might also be proper to show why a properly certificated physician's certificate to the effect that a certain child must not be vaccinated because hazardous may not be received and honored by the callow district physicians aforesaid. Great is vaccination! "Oh, stop being a crank! Go up there to the Free Vaccinator, bare your arm, have him scratch it a bit, put on a linen 'lid,' and that's the end of it. Then you're safe. What's the use of making a jackass of yourself and 'kicking' morn-

ing, noon, and night?" And that's all there is to it. Sir? And the wonderful anti-vaccinationist, with his frothy mouth and opulent defense fund, seems to have disappeared into a hole and carried the aperture with him—until the scare is over, when he will likely be on deck again for next morning's newspaper purposes. Suppose, as in our own case, we are of the anti-vaccinationists, we have three children attending the high school. If we persist in refusing to vaccinate them, under the rules of our picturesque health officer and his callow district physicians, these children are sent home and told to stay there until they are vaccinated.

Our duty in the premises? Why, to sit or stand on our rights, refuse to vaccinate; send warm letters to the health officer, be quoted in the daily papers as and for an obstreperous crank, willing to endanger a whole community because of his screw-loose brain, and not succeed in getting the children back into school; so they must lose their standing and fail in the examinations. Public opinion in Cleveland is against the *antis*. The public does not stop to study the hair-splitting lines of the *antis*. It has been frightened out of several years' growth by a smallpox sign on the next street beyond its residence or office. And it doesn't care even if one beautiful child is sacrificed to the dread Moloch of Tetanus or some other horrible death and its picture and tombstone published broad-cast, if but the remainder of the children or people in that ward are saved. Employers of large numbers of men have hired a physician to come to the works and asked each employee to be vaccinated free,—because of the safety of all the others. Girls in stores have had to undergo the same process; and not to do so was equal to dismissal. Now, then, what are the *antis* going to do in a case of this kind? The next time we hear the propaganda of Anti-Vaccination preached by any itinerant preacher we shall feel like contributing liberally to his decorations with hen fruit of shady and odoriferous tang and proclivities. From present outlook it will take several centuries, nay, æons, before Cleveland will sustain the anti-vaccination points. It is the other kind of points which are now most in demand. Just to think how the dear public has been fooled and frightened by interested parties! At no time, we are now pleasantly assured, have there been as many as 400 cases in this seventh city of the United States; still the health board permitted the rumor to gain currency that there were thousands of cases; and as it was the beginning of the schools for the fall, the vaccinationists, the health officer and his callow district physicians did a land-office business, and the City pays the freight so now this great commonwealth is safe!—and the health office and its assistants have made a pretty penny with which to purchase hard coal this on-coming winter. Sir? Oh, yes! we vaccinated our children and it "took beautifully."

Book Reviews.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1902.—A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of GEORGE M. GOULD, A.M., M.D. In two volumes—Volume I, including General Medicine, Octavo, 700 pages, illustrated; Volume II, General Surgery, Octavo, 684 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Per volume: Cloth, \$3.00 net; Half Morocco, \$3.75 net.

These books which are under the general editorship of Dr. George M. Gould, and aided by a bevy of prominent men of the profession, lie before us in the form of two handsome and well-bound volumes. It is truly marvelous when one considers the amount of literary work done by the talented editor of American Medicine, how he can find time for his many books and papers. But all his work contains the hall mark of value.

The plan of issuing the Year-Book in two volumes, inaugurated two years ago, met with such general favor with the profession that the publishers have decided to follow the same plan with all succeeding issues. Each volume is complete in itself, and the work is sold either separately or in sets.

These books are composed of articles taken from the leading medical journals and condensed within the compass of a few paragraphs. It is here the value of the editor comes in. We have no hesitation in saying that the work is well done, that it is up to the moment of going to press, and is uniformly reliable and trustworthy.



ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND DISLOCATIONS. By Professor Dr. H. HELFERICH, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited, with additions, by JOSEPH C. BLOODGOOD, M. D., Associate in Surgery, Johns Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. W. B. Saunders & Co., 1902. Cloth, \$3.00 net.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. OTTO ZUCKERKANDI, Privatdocent in the University of Vienna. From the second revised and enlarged German edition. Edited, with additions, by J. CHALMERS D'ACOSTA, M. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Second edition, thoroughly revised and greatly enlarged. With 40 colored plates, 278 text illustrations, and 410 pages of text. W. B. Saunders & Co., 1902. Cloth, \$3.50 net.

These two books are a continuation of that series of handy atlases which this enterprising firm has been putting on the book market and which have become so deservedly popular with the profession. It was a vast stride in advance to find within the compass of a handy book of fair page all the important and wonderful things in many colors which, theretofore, had occupied ungainly large books which would fit nowhere upon any shelf, and were unhandy to handle. In this epitomized form the anatomical parts are made

simple and sometimes of life-size and are therefore within the hand-grasp of the physician. Where the life-size is not observed the paintings are so clearly portrayed that they are equally as good. The first book referred to has to do with Traumatic Fractures and Dislocations, bringing them promptly into the daily arena of every general practitioner, though he may not care to do abdominal surgery. These are things with which he is likely to meet any day of his general rounds: and hence the practical value to him of this little atlas.

As complete a view as possible of each case has been presented, thus equipping the physician for the manifold appearances that he will meet with in practice.

The author has brought together in this work a collection of illustrations unrivaled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the X-ray shadow, the anatomic preparation, and the method of treatment. We have no doubt that the book will be received with the favor it demands, filling, as it does so admirably, a want long felt.

The second book—the “Epitome of Surgery”—is a new edition—and has been brought precisely down to date. The revision has not been casual, but thorough and exhaustive, the entire text having been subjected to a careful scrutiny, and many improvements and additions made. A number of chapters have been practically rewritten, and of the newer operations, all those of special value have been described. The number of illustrations has also been materially increased. Sixteen valuable lithographic plates in colors and sixty-one text figures have been added, thus greatly enhancing the value of the work. There is no doubt that the volume in its new edition will still maintain its leading position as a substitute for clinical instruction.



A DICTIONARY OF DOMESTIC MEDICINE. Giving a Description of Diseases, Directions for their General Management and Homeopathic Treatment, with a Special Section on Diseases of Infants. By JOHN H. CLARKE, M. D., Fellow British Homeopathic Society, Ext. Mem. Roy. Med. Soc. Edin., Consulting Physician to the London Homeopathic Hospital, Editor of Homeopathic World, Author of “The Prescriber.” American edition, revised and enlarged by the Author. From the printing house of Boericke & Tafel.

Dr. Clarke needs no introduction to our readers. His recently completed “Dictionary of Materia Medica,” which has proven so successful, has brought him intimately in relation with every progressive homeopath of the land. Long before that, however, Dr. Clarke was well known through his other little books, of which he has published so many, indeed, considering the time and labor it must take, as to cause wonder how this always-busy man finds time to eat, sleep, and practice medicine. This little red-bound dictionary before us is of great value for the quick finding of what you are looking for. It is alphabetically arranged, so that no time need

be lost in tracing through several pages of learned matter for the little item you may desire to find. And there is enough given under each head to make the search profitable. His homeopathic dosage is good, as are always his diagnostic points. We take pleasure in recommending this little book.

♦ ♦

LITERARY NOTES.

—"Curability of Tumors by Medicines," by J. Compton Burnett, M. D., is like an echo from the grave. But the book lives and has many friends. It is, as our readers well know, in the best style of this former great homeopath; and its perusal inspires hope and courage to the end that the day may yet dawn when the supereminency of the knife may fall before the dominancy of the milder means. If but to read these cheery little heart-to-heart talks were all that was done, great good would result from that alone. And when it is remembered that this man, in his lifetime, did the things that he says can be done, the feeling of confidence in medicines must be renewed and a determination to try will find place in the mind and hand of the practitioner. The book is not costly—\$1.32, by mail—and is bound in the uniformly small size which makes Burnett's books so accessible.

—"Syphilis. A Symposium. Contributions by Seventeen Distinguished Authorities," which originally appeared in the *International Medical Magazine*, is a little book of great value because of the masterly and trustworthy fashion in which these seventeen contributors handle this delicate topic. They bring their very latest knowledge from everyday practice. The book is issued by E. B. Treat & Co., of New York and is well worth having.

—Messrs. Boericke & Tafel have in press a new work, "Diagnosis," by Clarence Bartlett, M. D., from whose stenographic notes Farrington's "Clinical Materia Medica" was published and who, later, wrote the neurological section of Goodno's "Practice." When published, this new work on medical diagnosis will constitute one of the largest and certainly the most complete ever published on that branch of medical science; it will include every important modern diagnostic fact, and will at once place the members of our school beyond the need of referring to old-school text-books on the subject, for they will have the best one in their own ranks. The book will probably run between 1000 and 1100 pages, and have a most thorough index. Ready in October.

Globules.

—The American Institute of Homeopathy has about decided to hold its next session in Hotel Somerset, Boston. This was the unanimous rec-

ommendation of the local committee, and at last accounts—(we are writing October 2) the Executive Committee was on the eve of accepting same. The hotel is most excellently fitted and arranged for a successful meeting, and we trust that our friends of the West and South will not deem the distance too great to Boston for a visit.

—The Secretary of the Institute has left over a few copies of the splendid full-page pictures of the late Dr. Helmuth and of Dr. Talcott. Any member wishing to procure a copy for framing can do so by sending a request to Dr. Gatchell, 100 State Street, Chicago.

—Dr. George W. Spencer has removed his residence and home office to Cedar Avenue, near Bell, Cleveland. Dr. Spencer spent several weeks in Paris this recent summer attending special instruction in Dermatological studies. Dr. Spencer is making a specialty of this department of medicine.

—We notice in running over the ad. pages of our exchanges, and also in examining the pamphlets and booklets which find their way to our editorial table, that there are many ways of avoiding the giving of opium. But thus far we find none which continue to hold the affection, confidence, and regard like the good, old Antikamnia, which was the forerunner of this present flood of narcotics. Antikamnia is never a variable quantity. When one of its tablets is used the prescriber or taker knows just what the effect will be. President Ruf has added a number of medicaments to his original plain Antikamnia tablets, to meet the varying demands of the profession; but the quantity of Antikamnia itself which enters into the tabs. is always pure and reliable. This is, of course, self-evident, since no firm could enjoy the popularity and success of Antikamnia if they had not always dealt fairly and honorably by the medical and pharmacal profession. And while Mr. Ruf is a persistent advertiser we have never seen an instance of it that was offensive either in position or in suggestion.

—The Cleveland Homeopathic Medical Society had a feast of reason on the night of September 30 under the admirable administration of its President, Dr. Wm. T. Miller. It was a smallpox symposium, with almost the actual pustules visible. One of the lecturers of the evening, Dr. Wm. T. Corlett, of Cleveland gave "Smallpox its History and Manifestations" illustrated with lantern slides. This was a very excellent paper and demonstration, and we have no doubt that the large majority of those present had a first-class view of smallpox pustules without the actual contact. Dr. Peter Bryce ex-President of American Public Health Association and President of the Provincial Board of Health, Dominion of Canada, gave "Vaccination" from "the Pro-vaccination Standpoint," and proved

very charming and instructive. Dr. Charles O. Probst, Secretary of the Ohio State Board of Health, presented "Quarantine and Disinfection." Dr. G. J. Jones was down for "Treatment," but owing to the lateness of the hour could but briefly touch upon the outskirts of this important subject. There were many people in the audience who were not of the homeopathic school; indeed, all the lecturers were of the other school; and many lay-people were among the interested listeners. It was a splendid evening's work, and too much praise cannot be given President Miller for his splendid programme.

—Dr. A. B. Norton of New York has returned from his annual tour in Europe, this season having "done" Spain. We are glad to welcome him home once more. During his absence his interesting and enterprising journal has been well edited and kept up to the front.

—Dr. J. Wilford Allen, our "Materia Medica Miscellany" editor, has changed his office hours beginning October 1, daily, 8 to 10 and 5 to 6.30. Sundays, 9 to 10 only. Dr. Allen requests that out-calls be made before 10 A. M. or 7 P. M. His office is at 110 West Twelfth Street, New York. Dr. Allen is a very busy man, and we are under especial obligations to him for taking of his time to edit his department in this journal with so much skill and success.

—We note that our est. contemp. the Hahnemannian Monthly requires to take of its time and space to explain its understanding of a present-day homeopathic journal. So it would seem that someone has been criticising that excellent monthly. But isn't this the experience of all medical and, perhaps, of all other forms of journals; to have someone criticise the policy and make-up and offer suggestions, which, if followed for a single issue, would bring the house of that publication about the ears of the editors? The giving of advice is so common a practice among medical men that it is difficult to lay off the habit when dealing with people who are not ill. No one outside the editorial chair knows how trying it is to run a journal and make it successful. No two people on the subscription list think alike; how, then, can the editor hope to please several thousand without treading on the toes of a great many? While we were doing some earlier work on the Medical Advance we remember what a trouble we got into with some of our subscribers for rolling the journal; others wanted it folded; others still wanted it flat. And the suggestion always came with the implied threat to discontinue the journal unless the special demand was complied with. One other of the special pleasures of editing consists in never hearing from those of whom the editor speaks the most kindly for issue after issue; but let a statement a trifle oblique appear in any number and the ink will hardly be dry before the "stuffed club" lies athwart the editor's neck.

The editors of the Hahnemannian Monthly will find it impossible to meet the wishes and whimsical demands of all their subscribers; and will have to continue, as they have been doing, in giving a first-class readable journal with their policy; the "Greatest good for the greatest number," still in the ascendant.

—The Eighth Annual Report of the Managers of the Gowanda State Homeopathic Hospital at Gowanda, N. Y., to the State Commission in Lunacy for the year ending September 30, 1901, lies before us. We are most interested in the personnel—though we have no reason to infer that the report itself is not of the best. We find that a number of our well-known homeopaths are in charge, with former General Secretary of the American Institute of Homeopathy, Eugene H. Porter, as President. We are glad that these good men are in control, and believe that the best interests of Homeopathy will be subserved.

—Erratum. We are reliably informed that Dr. Joseph P. Cobb, President-elect of the American Institute of Homeopathy, has not removed from Chicago to Lincoln, so that our statement to that effect was an error. The source of our information was another homeopathic journal which, of course, we cannot now lay our hands on, as our house is in the hands of the builders and our books and exchanges are scattered to the other remaining rooms of the house. Was it not a Chicago journal which printed that story first? Speak up, Chicago! Our apologies to President Cobb.

—Dr. Mumaw's Homeopathic Medical Society at Elkhart, Ind., conventionally and alphabetically entitled the N. I. & S. M. H. M. Assn., held its twenty-third semi-annual meeting on October 7, with a fine attendance of doctors, all of whom were deeply interested in the work. Among the papers presented were "Ethics of Gynecology," A. O. Ullrey; "Longevity and the Preservation of Health," J. D. Craig; "Sulphur," W. A. Smith; "The Law of Similars in Mental and Nervous Diseases," E. C. Dunning; "Septicæmia and the Curette," H. Plympton.

The chair, we are informed, appointed our friend Mumaw committee on publication, thus keeping him in printer's harness. This with his secretaryship, for which he has shown his wonderful adaptability, will keep him busy, and the society alive. We congratulate him on his success and the muchly lettered society in having this indefatigable workman, physician, and homeopath, to watch out for the detail of the N. I. & S. M. H. M. A.

—His many friends and admirers will be glad to learn that Dr. H. H. Baxter of Cleveland, who had a bad fall shortly after the adjournment of the Institute, which put him on crutches for quite a while, and now keeps him a trifle hobbled with one cane, is mending slowly but satisfactorily.

It seems that some of the ligaments about the right knee were injured. Dr. Baxter has been a very busy man in the profession and out—he is a member of the Ohio State Board of Registration and Examination—for many years, and while he needed a rest, this was an unkind way of fate to compel his withdrawal from the fighting line. But he is mending nicely and hopes soon to be his former active and enthusiastic self once more. So say we all of us.

—The English Twentieth Century Fund for the propagation of Homeopathy and the establishment of schools and hospitals and the like, is taking on noble proportions. Ten thousand pounds is what is being striven for, and already more than three thousand is in sight. Our English brethren have a practical way with them. They do not meet and resolve and resolve, and then go home conscious of having done their full duty. Neither do they instruct their chief representative organization to ask for deadhead notices of a thousand newspapers in order to exploit homeopathy in the United States. We hope to see a strong and powerful school of homeopathy in England and manned by its present homeopathic giants. Dear, dear, how they will miss Richard Hughes!

“Surgeon Phoenix Bridge Co.”

—On the evening of September 17, some fifty homeopathic physicians, good and true, of St. Louis foregathered at the residence of Dr. T. Griswold Comstock, and after a few moments of chat presented him with a silver loving cup. Dr. James A. Campbell, in presenting the cup, dwelt upon the fact that Dr. Comstock was a graduate of Philadelphia in 1853, and from the University of Vienna in 1857, but that he got his real start in the old Jesuit College formerly located at Tenth and Washington Avenue, St. Louis. Dr. David M. Gibson, the eloquent editor of the *Clinical Reporter*, “dropped into poetry” for the occasion, which was delightfully apropos and was greatly appreciated. As the cup passed from hand to hand each participant in the libation said a few kind and appropriate words. Dr. Comstock referred to his well-known motto: “Qui non proficit deficit”—who does not progress goes backward—and then proceeded with a masterly little talk on the progress of homeopathy and his close relation to it for so many years. The occasion was graced by the best homeopathic physicians of the city, the elder as well as the younger, for all delight in doing honor to this grand man and homeopath—Comstock. In our estimation—and we have known Dr. Comstock since long before we began the study of medicine,—no more fitting gentleman could have been selected for the bestowal of such a gift. It was a rare occasion and one in which we sincerely wish we could have participated. Dr. Comstock was always our friend in college and after, and until this day.

He is a sterling man and friend. Long life to him, and when the time comes, Quiet and Peace!

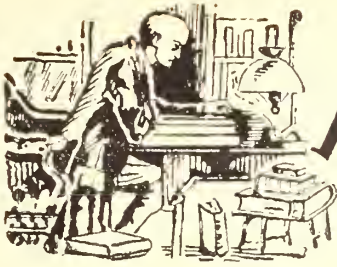
—The address of Dr. J. Wylie Anderson before the Colorado State Homeopathic Medical Society at Pueblo, needs to be read to be thoroughly appreciated. It is filled with some most excellent ideas that have been brought down to the instant of their delivery. His references to the dim and hoary past and the gradual but effective connecting of that period with the very latest of modern ideas is the work of a deep student and a master of medicine. It is, indeed, a fine address, and worthy of careful study and filing away for other readings. His sarcastic reference to the doctor who can see no good in any school of medicine but the one in which he has studied; the M. D. who cures every case of diphtheria, scarlet fever, and meningitis; and that other doctor who daily visits sixty cases reminds us of some of the herculean labors performed in our own city in the matter of vaccination. We learn that one of our friendly rivals vaccinates from seven to eight hundred persons every day. And the common people who believe him gladly because he rides an auto done in maroon and brass, and has a leathern-capped ‘chefonier,’ at once multiply this fabulous figure by twenty-five cents, which he claims he receives for each vaccination, and then wonder why he continues to practice just everyday medicine. Yes, Brer Anderson, he needs the prayer of the faithful, for he is an awful liar.

—Dr. John V. Shoemaker, discussing with some friends the award of degrees at the recent commencement-day exercises of the University of Pennsylvania, said the manner of bestowing degrees nowadays reminded him of the case of Von Helden, the famous German surgeon, who, a graduate of one of the leading universities of the fatherland, openly expressed disgust when honorary and complimentary awards were made indiscriminately to men who had attracted public attention in various ways. One day in a spirit of deep sarcasm Von Helden asked for a degree for his valet. The surgeon was so high and mighty a man that the faculty granted the degree without protest or comment, thinking he surely had a good reason for asking. More enraged than ever, he sent a letter asking for a degree for his favorite dog. The faculty then “tumbled” to his sarcasm and sent the following reply:

“We are compelled to refuse your second request. We have searched the records, and find out but one instance of a degree having been bestowed on an animal—an ass named Von Helden.”

The American Physician.

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Medical Progress

Complicated Anaemia.

BY T. J. BIGGS, M. D.

Ruth K., age fourteen, American, admitted November 14. Diagnosis: Essential anæmia.

The patient had been sent to me by Dr. B., who said that in spite of all treatments employed, his little patient had grown steadily worse, and the parents were well-nigh discouraged. Her condition was associated with menstrual disorders; a year previous she said her disposition seemed to change. She found she was becoming morose and despondent, at times hysterical, and suffering very much from melancholy. Her menstrual order of the menorrhagic form; her complexion was pallid, waxy, skin puffy without œdema; she was easily fatigued upon the least exertion; the heart was irritable; there was shortness of breath, pulse full, but soft, and at times pulsations in the peripheral veins. There was a disgust for food, imperfect indigestion and occasional attacks of gastralgia. In the right apex there was a suspicious dullness, indicating a possible incipient phthisis. Examination of the blood showed a relative decrease in quality and quantity of the hemoglobin, resulting in the blood being paler than normal. The red corpuscles were lighter in color and showed less tendency to form rouleaux; their character was changed, not being of uniform size, some normal, others small (microcytes), others usually large (macrocytes), others irregularly shaped (poikilocytes). The number of corpuscles to a cubic millimeter was about 2,500,500. The white corpuscles were considerably increased in number. A few granular bodies were present, indicating degeneration of the white corpuscles.

The patient was put to bed, secretions regulated, and a half teaspoonful of bovine was ordered every hour in peptonized milk.

On November 18 the bovine was increased to a tablespoonful every two hours.

November 30 the bovine was increased to a wineglassful every two hours, given in peptonized milk, alternating with old port wine. The patient at this time showed some improvement,

felt stronger, slept better, digestion seemed excellent, bowels regular, and she slept throughout the night quietly.

December 10 microscopic examination of the blood showed increased quantity and quality of hemoglobin, and red blood cells 3,000,000 to the cubic millimeter.

December 18 the patient had gained seven pounds in weight, color good, puffiness of the skin disappeared, and she was taking daily exercise in the open air without suffering fatigue.

December 24 microscopic examination of the blood showed hemoglobin almost normal, the red blood cells about 4,500,000 to the cubic millimeter, general condition splendid.

On December 26 patient was discharged, cured.

The complete, thorough and rapid cure in this case was undoubtedly due to the blood treatment, for all through her course of treatment, outside of cathartics and some mild heart stimulant, she took absolutely nothing but bovine. Bovine acts in anæmia in all its forms by first stimulating the blood cells to a healthy proliferation, and secondly, by properly and thoroughly supplying perfect nutrition, carries them on to a full and healthy maturity. Iron in all its forms, while at first undoubtedly beneficial, can only go halfway, for it simply stimulates the proliferation of the blood cells and supplies only partial nutrition, the result being that in the majority of cases where it is employed alone many of the newly born cells, for lack of proper nutrition, atrophy, or become granular bodies.



Lung Antiseptics.

The recent announcement of the discovery of an intestinal antiseptic capable of killing all bacterial life in the intestine without injury to the intestine itself is a great step in advance, and if true means the elimination of typhoid fever, dysentery, and other bowel inflammations. If now some scientist would only discover an antiseptic that would exterminate all bacteria in the lungs without injury to the lungs, so that the matter of consumption could be met and the

dreadful mortality due to that disease removed, physicians would feel that human agencies were far advanced toward their limits in conquering disease.

Until such a lung antiseptic is discovered physicians must go on and by purely defensive measures, by nourishing, strengthening, protecting, and putting the consumptive's body into the best possible physical condition, try to attain that "power of resistance" which repulses the invasion of disease. Among the potent medicinal agencies for attaining this "power of resistance" cod-liver oil occupies a most prominent position. Scott's Emulsion, the well-known proprietary preparation of cod-liver oil, owes its prominence to the truly remarkable effects of the oil in supplying the consumptive with an easy means of nourishment and a saving of his vitality.

Items of Interest.

—Dr. F. W. Stewart, late assistant physician of Milwaukee County Hospital, reports excellent results from the use of Lambert's Lithiated Hydrangea in the treatment of two cases of complicated articular rheumatism due to excess of uric acid in the system, and which had resisted the remedies usually prescribed in such cases. The lithiated hydrangea was administered in one dram doses, three times daily; the effects were prompt and satisfactory, a complete recovery resulting after two weeks' medication and diet.—*Peoria Medical Monthly.*

—In a case of typhoid fever where the patient could not tolerate a single ounce of milk, Trophonine was used with marked success. Practically no tympanites developed during the course of the disease. I regarded the extreme distaste for milk as a calamity and was forced to use Trophonine exclusively, but after it had demonstrated its value the "calamity" turned out to be a blessing. I have used many kinds of artificial and natural foods, but none of them have in my experience given the marked success of Trophonine.

—The Editor of THE AMERICAN PHYSICIAN, has a Columbus operating table, in use for several years, but in good condition, which he will sell for \$5 cash. Who wants it?

—This editor has been using a Waterman Ideal Fountain Pen for the past two weeks, and is really amazed at the ease with which the thing

can be made to write. He has been using fountain pens for twenty years, but until now found it a task to get the blessed thing to write without pounding it on his spare hand and spattering the carpet or floor with the then sudden yield. The Waterman pen seems to be always ready. The gold pen is a fine one and the general arrangement of the ink supply novel and satisfactory.

—The Fifth Avenue Theater's new entrance, which will be opened on November 15, will be the handsomest theater lobby on Broadway. J. B. McElfrick & Co., the celebrated theatrical architects, have planned the new improvement, and the work is being personally directed by J. Austin Fynes, general manager of F. F. Proctor's Enterprises. Handsome decorations and expensive fittings will be a feature. A new plan of electric lighting will be adopted, and an innovation which will be especially appreciated by lady shoppers will be a public waiting room, opening directly off the lobby.

—Nuclein Therapy in Typhoid.—Protonuclein is indicated according to Latta in typhoid because it increases leucocytosis, and thus adds to the resisting power of the cell structure in overcoming disease. As soon as he suspects typhoid, without waiting to insure the diagnosis, he commences to give Protonuclein, usually giving large doses in the beginning, lessening the quantity until the system has responded to the treatment, the patient taking no other food nor medicine for two hours. At the end of the first half hour of this period, four to six ounces or more of hot water are given and thirty minutes later the dose of Protonuclein and then an hour allowed for absorption. In this way every three hour period is divided into two parts, the first two hours devoted to Protonuclein and hot water and the last one to feeding and whatever treatment may be indicated. Frequently during the first twenty-four hours no benefit may be produced. The temperature and disturbing symptoms may increase. After that both will decline. The treatment is not an abortive treatment, still it is not unusual to have a patient better on the eighth or tenth day than would be the case with the old-time method at the end of the third week.—*Journal of the American Medical Association.*

—Dr. Charles Deady announces his removal to 151 West Seventy-third Street, New York, where he will have office hours 9 to 1, Sundays excepted, and these by appointment only for the treatment of the eye, ear, and naso-pharynx.

—Dr. B. G. Clarke, formerly of 162 West 122d Street, New York, has changed his office to 25 West Seventy-fourth Street, same city.

The American Physician

DECEMBER, 1902.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



IRVING TOWNSEND, M. D.,
NEW YORK.

HAS the profession noticed how a new meaning is creeping into the title of Professor? Years ago, in the beginning, it doubtlessly meant a man of superior mental attainments—greater even than a doctor; then it became the almost universal sobriquet of wandering people who did a gentle and humorous stunt on the village green with a gasoline torch, spangles, and melodeon. After this the title was preempted by cleaners and renovators of gent's garments. About this same time some of the newer brood of doctors paid cash for the title in order to have some way of advertising themselves with their sisters and

their cousins and their aunts, and imposing upon the credulity of the public with their wonderful school-made erudition and ability. Now, the newer meaning comes from the muscular gentlemen who are filling the ad. pages of the popular magazines with their bodies, neither naked nor clad, neither barefoot nor shod, showing how the muscles of the body may be trained, by THEIR especial system, and even by mail. So that, today, any man with a well-developed chest and arms, no matter how short or how bandy-legged his legs may be, or how peculiarly his forehead may recede, prefixes "Prof." to his name and fills the home with his promises of physical culture if the reader will but fill in and cut out the little triangular bit of paper at the corner of the page and send it in. Verily, verily, the title of "Professor" is destined to have many more meanings before it will be finally laid on the shelf as too utterly cheap to be worn consciously and honestly.

* * *

A GENTLEMAN, while showing his children how a mountebank caught a piece of money in his mouth after tossing it some distance into the air, failed to catch it properly, with the result that it lodged in the windpipe. Several big surgeons worked at the case, but futilely. The unfortunate party was trussed over an inverted v-shaped affair to have the aid of gravity in coughing up the money. Sir Astley Cooper was finally sent for. Walking around so that he could get a good fair sweep, he brought his rattan cane down on the patient's glutei muscles with a vim that made him yell with pain—and out rolled the piece of money.

* * *

A NOTHER instance quoted by Brer Broadnax is that of a negro child of three who had managed to lodge a cherry stone where it "hadn't ought to have went." The child was held up by the legs, while with a piece of board the doctor had picked up as he went into the room, he gave a most hearty whack on the buttocks, and as in the former case, with a yell of pain the cherry-stone rolled out.

Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West
12th Street, New York.

References in this department are made by number, as follows: Critique,¹; Chironian,²; Clinique,³; Hahn. Adv.,⁴; Hahn. Mo.,⁵; Envoy,⁶; Jour. of Obs.,⁷; Am. Med. Mo.,⁸; Recorder,⁹; Med. Student,¹⁰; Clin. Reporter,¹¹; Arena,¹²; Minn. Hom. Mag.,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹⁷; N. E. Med. Gaz.,¹⁸; Times,¹⁹; N. Am. Jour.,²⁰; Pacific Coast Jour.,²¹; Eye, Ear, and Throat Jour.,²²; Advance,²³; Jour. of O., O., and L.,²⁴; Recorder,²⁵; Revue Homéo.,²⁶; Arch. für Hom.,²⁷; Allgem. Hom. Zeit.,²⁸; Zeitschrift für Hom.,²⁹; El Prog. Homeo.,³⁰; L'Art Méd.,³¹; L'Homéo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jour. Br. Hom. So.,³⁶; Indian Hom. Review,³⁷; Ecl. Med. Jour.,³⁸; Foreign Journals, not Hom.,³⁹; Am. Journals, not Hom.,⁴⁰.

Magnesia Phosphorica.¹⁴

For a neuralgic and crampy dysmenorrhea, which is void of inflammatory symptoms and which has a relief from warmth and aggravation from motion, no remedy can compare with magnesia phosphorica. It suits the nervous form of dysmenorrhea better than any other remedy that has been tried; in fact, it is more often indicated, and it is upon the indications always that a prescription should be based if possible.

[Boericke and Dewey say that this remedy is indicated in menstrual colic when the pain is intermittent, precedes the flow, is worse on right side and is relieved by heat. In membranous dysmenorrhea, the flow is too early, and is dark, fibrous and stringy.]

Actea Racemosa.

Dr. E. Stillman Bailey³ believes actea to be a much neglected rheumatic remedy.

In early days more than at the present time there was much attention paid to the rheumatic pains of the uterus. Like the muscular walls of the heart, the muscular fibers of the uterine neck and fundus were regarded as being rheumatic, and whether the disease was rightly named or not, I have frequently seen my colleague above mentioned cure such cases with actea rac. where other physicians had failed with other seemingly well-selected remedies. The indications were not unlike those of the sore bruised feeling of arnica, or the sharp darting, shifting pains of belladonna. The lancinating pains of gouty persons and the aggravations from getting chilled, producing pains similar to rheumatism, have frequently been cured with this drug. I can recall cases where the dirty skin, the nervous twitchings, the hysteria, and the rheumatic pains have been cured with this remedy when there seemed to be a uterine focus.

My experiences have been such as to make me think that this remedy is better indicated in cases that have recently passed the stage of puberty or are approaching the climacteric.

I prefer to use the remedy in the low potencies and to repeat the doses at frequent and regular intervals.

Alcohol.

The medicinal value of alcohol is still a disputed question, and there is no doubt that it is at times administered when unnecessary. It is doubtless true, too, that the conclusions drawn from laboratory work are not always in harmony with bedside observation. An editorial in the Therapeutic Gazette for June, 1902, states that while it may be true that the administration of alcohol in certain stages of typhoid fever does not really exercise a stimulating influence upon the circulatory apparatus itself, nor upon the nervous system, there can be no doubt that its proper administration under these circumstances does improve the condition of the circulation, digestion, and nervous apparatus. And again and again when alcohol has been properly employed in the treatment of this malady, we have seen it produce a satisfactory condition of the circulation which before its use had been distinctly unsatisfactory. It is a most common experience for physicians with large hospital facilities to meet with patients who at the end of ten to fourteen days with typhoid fever, manifestly have feeble pulse, and distant heart sounds, and in whom a more normal pulse and less distant heart sounds can soon be produced, if alcohol is properly given them. In the author's experience, no other drug does as well in this condition, although he does not intimate by any means that all patients are benefitted by it, since some of them undoubtedly manifest idiosyncrasies in regard to its effect.

Silicea.

Dr. Kent says:

Silicea will not do damage in a case of advanced phthisis if it fits the toxæmic symptoms only, but if, prior to the formation of tubercle, that patient suffered from weekly headaches that spread up the back of the head to the front, and had offensive footsweats, and was sensitive to cold, damp weather, and these have not been present for many years, and his chest is now flat and his expansion very small, and signs of extensive suppuration present, silic. will prove a most dangerous remedy.

Have we come to the place that we are ready to cast aside the sayings of the masters, who have told us that silic. will cause suppuration round about and therefore cause to be expelled any and all foreign substances from the tissue? In the name of common sense what are the lung tubercles but foreign bodies? And when the lung structures have become, as it were, replaced by these invasions, what can be expected but the most violent pneumonia, a futile effort on the part of nature to expel the intruder? Do we not

know very well that silic. will not cause suppuration about a foreign body unless it is in homeopathic agreement with the patient, *i. e.*, similar to all his symptoms? Should we not also confess that, if it can be given on mental symptoms and does not remove a foreign body, that those mental symptoms were not the true constitutional mental symptoms of that patient, for if they were it would have acted constitutionally, and when so acting it does cause suppuration about foreign bodies.

Indications for Alumina in Locomotor Ataxia.

Dr. O. S. Haines⁵ quotes the Homeopathic Advocate for January, which contained an excellent *materia medica* lesson upon alumina, from the pen of Dr. J. T. Kent, who says:

Alumina seems to affect the whole spine; it produces weakness of muscles of limbs, of rectum, and of bladder. It produces disturbances of co-ordination; the whole state looks towards a paralytic breakdown. The conditions to which this remedy is homeopathic are not acute. They are slow in coming on and slowly in progressive. Vertigo appears prominently. If the patient closes his eyes, he totters and falls if not held firmly. He cannot walk with his eyes closed, nor lean over. Numbness and tingling is associated with the paralytic tendency. Tearing, rending pains, that resemble the fulgurating pains of ataxia, are present in both upper and lower extremities. The urine either flows very slowly or dribbles. Even soft stools are passed with difficulty. With all, there is an increasing debility, loss of flesh, loss of muscular power, loss of memory and intellectual power. The author warns us to be careful that we have not only the particular symptoms present in the different localities, but especially those general symptoms which are peculiar and characteristic of the alumina patient, as an individual, if we would expect its full curative influence. There can be no doubt but that much discredit is cast upon homeopathic remedies by the slipshod method of their selection. We should like to read some clinical experiences favorable to the action of alumina in locomotor ataxia.

Cactus.

W. Webster Ensey:¹⁴ "Acts especially upon the circular fibers of the heart and arteries, causing irritability, hyperæsthesia, neuralgia, spasm and palpitation of the heart. Through pneumogastric nerve it acts upon the heart, lungs and stomach, causing in the latter indigestion and excessive acidity, and in the lungs constriction and asthma. Its distinguishing character is a constrictive sensation in various parts of the body, especially in the region of the heart, as if bound with an iron hoop."—Cowperthwaite.

This constrictive sensation is very marked, feeling like the heart or chest is bound with an iron hoop preventing normal action of the heart or expansion of the lungs. Even the headache is constrictive. There is severe palpitation of the

heart day and night, worse when walking, at night, when lying on the left side, with acute pain in the region of the heart. These pains often shoot down the left arm to the ends of the fingers, accompanied by feeble pulse and dyspnœa. Action of heart very irregular. Hypertrophied heart with above symptoms. Good remedy in angina pectoris. Difficulty of breathing, continued oppression and uneasiness as if chest were constricted with an iron hand. Congestion to the chest, which prevents lying down; sensation of great constriction in middle of sternum, as if the parts were squeezed by pinchers. Much rattling of mucus in chest; catarrhal cough, with much viscid expectoration; oppression of breathing on going upstairs, of use in œdema of the lungs. Also have acrid, sour fluid rising into the throat and mouth, making food taste acid. Copious vomiting of blood. Chronic prosopalgia, right side; worse from slightest motion. Heavy pressing on the head, as if a great weight lay on the vertex, relieved by pressure, aggravated by noise and light. Mind sad taciturn. Irresistible inclination to weep.

The sphere of cactus seems to be more within the functional disturbances of the heart, where the nervous action is deranged. Palpitation of the heart, when caused reflexly by irritation of the stomach or liver, acting through the pneumogastric nerves. Also to be thought of in all cases where there is hemorrhage accompanying heart disease. But it is one of our most valuable remedies in organic heart disease also, when we get its symptoms as detailed above.

—We learn from a daily newspaper that the court in Maine having authority in the matter has disallowed the bequest of the late Dr. Nancy T. Williams to the Hahnemann Monument Fund, on the ground that the Doctor was not, at the time of making such bequest, in sound and disposing mind. This, however, has reference only, as we understand it, to the later bequest found in her will, and does not touch the bequest, or more correctly, the subscription to the monument fund formerly made. The lesson to be drawn from this legal disposition of an estate is twofold: first, don't accumulate any property for distant heirs to fight about and scratch each other's eyes out; and second, if you are so fortunate as to have business enough to pay your current expenses and put by a trifle, be sure to dispose of that "trifle" before dying. For wills are the most readily broken of all the fragile things of earthly matters. No one blames poor Nancy Williams. She did what she could to put her rennant money to its best uses. She was supremely grateful to Hahnemann, and took this as her only method of showing that gratitude. But who does not know, after so many, many trials before, of the manner in which the medical profession is served when it falls beneath the blighting influence of the courts of the land!

CURRENT COMMENT

By **SHELDON LEAVITT, M. D.,**
Chicago

Dangers of the Curette.

From an article on "The Use and Abuse of the Uterine Curette, by Dr. T. Palmer Findley, of Chicago, in the June number of the Iowa Medical Journal, I make the following quotations:

"The curette is an instrument of the Devil," said Emmet, and so would say we all were we in a position to see the great wrong done to health and life by the indiscriminate use of this instrument.

Perforation of the uterus by the curette is an accident that is likely to happen to the most skilled and cautious surgeons. I venture the assertion that not an operator of large experience has escaped this misfortune. We are not to be assured by the statements frequently made that the perforation is of little consequence. I personally know of three deaths during the past year, where not only the uterus was punctured, but the gut pulled down into the uterus, and in two cases riddled by the curette. I am told that in a single hospital in Chicago seven cases have been brought in to die of general peritonitis, following perforation by the curette, and all this in the past six months.

I believe perforation of the uterus with the curette is a far more frequent accident than is commonly supposed. It represents another glance at the reverse side of the picture representing the vast benefits to womankind of surgical procedures. Such an article as that of Dr. Findley takes us a step or two behind the scenes, and it does us good occasionally to look there.

I cannot quite agree with the writer of this paper when he says that the accident is likely to happen to the most skilled and cautious surgeons. Learning from our experience that Nature is wonderfully tolerant, and that she repairs without complaint most of the damage done the body that does not seriously impair its functions, the surgeon is liable ultimately to become too rough and venturesome in his handling. In other words, he may insensibly cease to be a careful operator. It is no boast to say that, after a very large experience with the curette, I can truthfully say that I have never perforated the uterus with any instrument. If not a skillful, I am at least a cautious operator.

I do not hesitate to affirm that there is but slight danger of perforation when the cervical canal is slowly dilated under moderate expansion energy; when the right instrument is carefully in-

troduced, and when the endometrium is as carefully gone over or wholly removed, according as the conditions may demand. Rapid dilatation under strong pressure, and a ruthless use of the curette, are the chief causes of perforation.

Another danger, and one not mentioned by Dr. Findley, is that of inadequate preparation for the operation. By many it is regarded as so simple a procedure that the usual painstaking precautions are either omitted altogether or are so modified as to render them almost worthless. One cannot afford to be any more remiss concerning the details of this operation than concerning the details of a complicated abdominal section; and he who is may ultimately pay seriously for his temerity.

The Diagnosis of Early Pregnancy.

An apparently almost jelly-like consistence of the corpus, together with a width often two or three times its anteroposterior thickness, makes the diagnosis of uterogestation. In no other condition than pregnancy is the softening so marked, and no other evidence of pregnancy between the fifth and tenth weeks equals in diagnostic value anteroposterior flattening and consequent broadening of the corpus.—Frederick Leavitt, in St. Paul Journal.

In this brief paragraph my brother has called attention to a point in the diagnosis of nearly pregnancy not commonly known. At a later period any tyro ought to be able to differentiate the condition; but during the first few weeks the most expert and experienced are often unable to do so. Grasping the uterus between the two hands and feeling it carefully over, we can usually mark out its complete outline. In an unimpregnated state it is flattened anteroposteriorly; but in early pregnancy the relative flattening is more pronounced. Should we be able also to recognize a marked softening at the junction of body and cervix, which point can be determined by drawing the uterus downwards with the tenaculum and examining by means of a finger in the rectum and the thumb in the vagina, there will be left little room for doubt.

The ordinary single-hand examination in suspected pregnancy is not, and never can be, conclusive; and yet this is the only examination made by many who venture an opinion.

Epidemic Manias: A Study in Sociology

By W. B. HINSDALE, A. M., M. D., Ann Arbor

The term epidemic has two meanings. One of them is the strict, technical meaning which limits it to contagious or infectious or infectious diseases and refers to their dissemination, more or less general, throughout a district or community. The other meaning allows its use in referring to diseases not of germ origin and to mental, moral, and social phenomena as well, provided they are quite prevalent.

To illustrate the technical sense, scarlet fever may be instanced. It usually affects a number of individuals in a community and is supposed to be communicated by means of some material property of the infecting cause borne by a physical agent.

To illustrate the other meaning of epidemic, which is the one used here, its non-technical though more etymological meaning, we will suppose someone to yawn repeatedly in the presence of a number of people. Very soon some of the others will do the same or have a desire to do so. If one child affected with chorea or any nervous irritation, a feature of which is violent, rhythmical, spasmodic motion, be allowed to associate indiscriminately with a large number of other children, it will not be long before others of the group will begin to make the same motions as the one actually affected. The same may be said of stammering and squinting. These almost unconscious imitative responses are sometimes said to be induced by "suggestion." They illustrate one of the simpler forms of suggestion.

The same may be said of expression of favor or displeasure in a crowd, as cheering, clapping of hands, hissing, etc., which are not, however, exclusive human peculiarities. If one dog howl at night, very soon many other dogs of the neighborhood act upon the suggestion, and there is a general audible expression of canine emotion. We may say, in the non-technical use of the word, of these general responses to an exciting example that they are epidemic. Stampedes, "rushes," political demonstrations, religious revivals, migrations, forms and manner of dress, amusements, crusades, strikes, sometimes war, and many other forms of general movement or demonstration are familiar examples.

The word mania may also have its technical and loose meanings. In this connection we will have to regard it as an abnormal condition of the mental faculties manifesting itself by great exertion of nervous action. As a strictly medical term, it implies an abnormal mental state symptomatic of some functional or organic change in bodily tissue. But we hardly mean that when we speak of the tulip mania, the golf mania, the dueling mania, the suicide mania, the dancing mania, the mania for wild financial speculation,

and similar, general spasmodic neuroses, although sometimes such phenomena have serious aspects. In mania there is a complete or partial loss of power of self-control of longer or shorter duration.

By epidemic manias we mean, then, explosions of nervous energy, uncontrollable by will, manifesting themselves among a number of people in common association, excited by some emotional stimulus. This stimulus or exciting cause may affect each individual of a whole company of people, or a number of them, and in that way become epidemic; or it may excite one peculiarly susceptible person and be communicated to others by suggestion. This latter is the usual method.

One who watches an audience listening to a public address will see the applause coming sometimes as a spasmodic outburst from the mass, but usually he observes some single individual, who is impelled to swing his hat or clap his hands, initiate the outburst, it becoming general by imitation. Sometimes, no doubt, an epidemic mania may be spontaneous with each individual affected, but this must be unusual. It is largely imitative, as in case of the children affected with St. Vitus' dance or in imitative yawning.

In times of religious and political excitement, it is usually the highly emotional person who begins to manifest, by some outward demonstration, that his feelings are moved upon. The next to follow are the ones who are not sufficiently susceptible to be moved by the primary influence, but just lack the confidence inspired by the example of the more excitable. How far the emotional nature of some individuals is susceptible to primary and secondary influences they cannot state themselves, but all persons who are normal are, to an extent, emotional. The resistance to emotional influences depends upon the emotional development of the individual, his powers of self-control, and the energy of the exciting cause. Some people are of highly emotional temperament, but are not touched by religious appeals. They may be intensely intoxicated with political enthusiasm, or be moved to weeping by music. Others are particularly susceptible to religious excitement. Maudsley says that humanity is contained in the individual. Whatever acts one man has perpetrated, each man has in him the potentiality of performing.

As a rule, the farther an individual and society be removed from the high planes of social development, the more they are under control of emotional influences. The savage is the most emotional of men.

The North American Indian, stoical and taciturn as he may have appeared, was really highly

emotional. Nervous diseases were epidemic with his people to an almost unparalleled extent. He makes no exception to the general class of untutored men. What has been affirmed of him applies to the Australian, the African, the South Sea Islanders. What was true of them was true of our ancestors, the ancient Britons and Saxons. A Russian traveler describes the Tartars and Lapps as a most nervous class of people. When one shocks them with a sudden noise they almost fall into convulsions. Dr. Daniel G. Brinton says, in speaking of development of mind through organisms, that the emotions precede the reason in point of time. This is confirmed by daily observation. In point of development, the savage and uneducated is upon about the same level with the child of their enlightened brother, and the child is vastly more emotional, and has a very much more acute nervous organism than the man of the same culture level.

Thought tends to lessen and annul the emotions, and the more self-conscious and intellectual a man becomes the farther he removes himself from excitable influences and the greater resistance he acquires to emotional mania. What a man in the lower grade of development ascribes to the supernatural, one in a higher grade, owing to his greater knowledge, accounts for as being due to natural causes. The farther he gets from his primitive state the less frequently he sees in things unnatural manifestations. While the brain responds by thought, feeling, instinctive and reflex acts to almost everything in the universe outside it and to everything within, with advancing general culture, the intellect and judgment become more and more developed and the emotions are held in abeyance. The history of our race is replete with accounts of whole crowds, and in fact of nations, who have gone mad. The narration of these epidemics cannot be undertaken in the limits of a brief paper. We will have to employ the few remaining moments to a partial explanation of the cause and citations of a few illustrations. They can be accounted for largely upon physical and psychological grounds. I would assign as the predisposing cause a highly developed or an uncontrollable emotional disposition that nature implanted in the human breast while reason was still incipient. Furious epidemics have occurred among both savage and civilized classes due to religious excitement. Those that have occurred among civilized peoples can be accounted for by the hereditary transmission to them from uncivilized ancestors of the highly emotional disposition, or by their reversion, perhaps by atavism, to a mental condition somewhat primitive. In case of uncivilized people, as already suggested, emotion is their most developed and dominating mental trait. The tendency of these outbreaks is with us and in us today. Sporadic examples are common. An illustration is a mob of excitable men wrangling in front of a manufacturing establishment and perhaps doing violence to person and property

because they want a cent or two added to their wages, that the whistle blew one minute late for noon, or that some person distasteful to them has been employed to work in the same establishment.

The belief in witchcraft still lingers, but is prevented from becoming epidemic, as it formerly did, by the wisdom and will of the governing few who have, by the processes of evolution, advanced from a purely emotional mental plane to one characterized by more intellect and reason.

Dr. Brinton describes the antics of the primitive American medicine-man in the following language: "With skill not inferior to that of the jugglers of India, they could plunge knives into vital parts, vomit blood, or kill one another out and out to all appearances, and yet in a few minutes be as well as ever; they could set fire to articles of clothing and even houses and by a touch of magic restore them instantly as perfect as before." Father Bautista says: "They can make a stick look like a serpent, a mat like a centipede, and a piece of stone like a scorpion." One of the most peculiar and characteristic exhibits of their power was to summon spirits to answer inquiries concerning the future state. This was practiced all the way from the Eskimo to the Mexicans, and the Indian was not, by any means, the only savage man who could practice necromancy or invoke the mediation of spirits as skillfully as the most accomplished sleight-of-hand performer or the best spiritualistic medium of our own time. A séance is thus described: A circular lodge of stout poles planted in the ground and covered with skins becomes the cabinet. The jessakeed enters, closes the small hole, and begins his incantations. The lodge trembles, the strong poles shake and bend as with the combined strength of a dozen men; strange, unearthly sounds, now far aloft in the air, now deep in the ground, then approach nearer and nearer. The priest announces the presence of the spirit and is prepared to answer questions. The replies come clear and correct, although profoundly ambiguous and sufficiently Delphian in character to satisfy the priestesses of ancient Greece.

Not only do savages, but civilized thousands, stake their faith and hope here and hereafter upon these manifestations. Call it animal magnetism, mesmerism, or what you will, do not forget that the modern medium not only has his prototype, but his equal, low down in his savage progenitor. Divination, presentiment, "second sight," visions, prophecy are psychic phenomena, if not due to deception, common to all grades of culture. I shall presently refer to the dancing manias of the thirteenth and fourteenth centuries, and when I do so, please compare the description with that of Father le Jeune, made in 1639, of a three days' festival at a Huron village: "Towards the close of a vigil of three days and three nights, which was marked by all sorts of excesses, all the participants seemed suddenly

seized by ten thousand devils. They ran howling and shrieking throughout the town, breaking everything destructible in cabins, killing dogs, beating women and children, tearing garments, scattering the fires in every direction with bare feet and hands. Some of them dropped senseless, to remain long or permanently insane, but others continued until worn out by exhaustion. During these orgies not unfrequently whole villages were consumed and the total extirpation of some families resulted."

It must be borne in mind that such recklessness is not uncommon, as is attested in the Jesuit relations and elsewhere, and that it was always associated with some religious impulse. All the war-dances, snake-dances, and other celebrations of the Indians were religious ceremonies. The most of the wars of savagery and some of those of Christendom are epidemic, religious, nervous explosions.

The dancing mania of the Middle Ages (fourteenth, fifteenth, and sixteenth centuries) is a monumental example of the grotesque fanaticism that seized the population of entire states and convulsed thousands of them into the grave.

The mania for the elixir of life stimulated some explorations in this country that possibly advanced civilization somewhat incidentally, though such was not the intention of those who sought the fountain of youth.

The belief in witchcraft is as old as the belief in being possessed by the devils or controlled by guardian angels. Sir John Lubbock says: "We cannot wonder that savages believed in witchcraft, since even the most civilized have not long, nor entirely, ceased to do so."

The last tragedy in the history of witchcraft was enacted in our own country. Everyone is familiar with the Salem cases. In the convictions of the accused, phantom testimony was received and the mental weakness of the tribunes of law, the pulpit, and the doctors of medicine that was manifested during the trials bespeak the prayers for forgiveness of our people for a thousand years.

The Crusades, a series of attempts during the eleventh, twelfth, and thirteenth centuries upon the part of European Christendom to rescue the tomb of our Saviour from the infidels of Asia, illustrate a strange commingling of misguided religious zeal, mercantile greed, and desire for political revolution and aggrandizement. Hypnotized by appeals to religious emotions, deluded by promises of great spiritual and temporal rewards here and hereafter, millions of men, women, and sometimes children left their bones to bleach upon the highway to Palestine, were sold in the slave-markets of Alexandria and Algiers, or, returning, brought their decrepit bodies as carriers, to distribute over the Western World, where they had been unknown before, the germs of malignant diseases. They exchanged an epidemic of mania for smallpox, cholera, syphilis, the plague, leprosy, and other dread pesti-

lences. The Crusades were carried on, nominally, in the interests of Christianity, but the fact is, the real appeal to go and the responses to the appeals were the loud and distinct proclamations that men had not grasped the spirituality of what they professed, that they were, after all, actuated by the not unnatural, but slightly modified, instincts of their barbarous ancestors. The laws of evolution and development of mind account for them all.

The roaming instinct, the desire to expiate sin by prodigious physical feats, to drive out devils and win the favor of the gods, to secure gain without value received, highly active emotional powers with reason not fully developed or inhibited, all elements of the barbarous mind and still capable of being aroused into activity in the minds of the average European of the age, are a few of the predisposing conditions to the moral epidemics of the times in question.

We speak, sometimes, of human depravity or degeneracy as if it were some decay or pathological change in human nature, when the truth is they are reversions to a previous type of excitations or proclivities that have been latent for a few generations. Men are not much higher in the scale of development than their fathers, and it is but a step from the beginning of human activity to the present.

The most appalling example of epidemic mania in modern times was the railroad strikes that occurred between 1881 and 1894. The losses in money resulting from these catastrophes was over three hundred millions. (Wright, "Practical Sociology" p. 293.) The loss of life was considerable, the social discomfort and the blot upon our American civilization was, perhaps more humiliating than the Salem witchcrafts. In the city of Chicago alone in one brief epidemic a hundred thousand people were involved at a cost of eighty millions (1894.)

We cannot stop to cite other examples illustrative of our subject. The aetiology of these wonderful phenomena, the prophylactics, the treatment, and the general sociological conditions incident to them would occupy unlimited time. They present questions to the medical man for philosophical contemplation and inquiry. Politicians, ministers of the Gospel, college professors, editors, demagogues, societies, and sociological clubs have assumed it to be their province to clear the social horizon of this kind of clouds. Their efforts will not succeed until they witness somewhat clearly the view as seen through the physician's eyes. Probably wild religious fanaticism will not stimulate, again, masses of men to the extremes that have been witnessed in the past; but the workingman's problem, the explosions brought about by misguided promoters and political mountebanks, and even the misapplied energy of certain well-meaning but indiscreet enthusiasts are still in the acute stage, and may well engage the thoughtful attention of men of our profession.

**Materia
Medica**

CINCHONA By M. E. DOUGLAS, M. D.,
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The common names of this plant are: calisaya bark, yellow cinchona, yellow Peruvian bark. It belongs to the natural order of Rubiaceæ.

The genus *Cinchona* is a member of the tribe Cinchonæ, of the order Rubiaceæ. The tribe consists of shrubs and trees, with opposite leaves, two-celled ovary, capsular fruit, and numerous minute seeds. The corolla possesses a faint, agreeable odor, and in color is rosy, purplish, or white. The cinchonas are evergreen, with fine-veined leaves, having a strong midrib. The petiole is sometimes as long as the leaf, and at times colored red.

The cinchonas are natives of South America, being in the mountainous regions, the average altitude of their habitat being from 5000 to 8000 feet above the sea. The bark is the portion of the tree used in medicine, and the most valuable kind is from *C. calisaya*, a tall, stately tree growing in Bolivia and Southeastern Peru. *Calisaya* bark is found in commerce in different shapes, depending upon modifications in the drying process to which the bark is subjected after being stripped from the tree. It comes in quills or flat pieces. Quill *calisaya* is in tubes three-fourths to one and a half inches thick, often rolled up at both edges, forming double quills. The quills vary in length. They are always covered with a rugged thick, corky layer, marked with longitudinal and transverse cracks. This layer is easily detached, leaving its impression on the cinnamon-brown middle layer. The inner surface is dark brown and fibrous. The fracture is short and fibrous. Flat *calisaya* occurs in irregular flat pieces, often a foot or more in length, sometimes from three to four inches wide and from one-fifth to two-fifths of an inch thick. It is without the corky covering, is of a rusty orange-brown color, with dark stains on the outer side. The inner side has a wavy, fine fibrous texture.

The drug has a special interest as being the one with which Hahnemann first experimented in proving medicines.

For homeopathic use the dried bark is coarsely powdered and weighed. Then five parts by weight of alcohol are poured over it, and having put the mixture into a well-stoppered bottle, it is allowed to remain eight days in a dark, cool place, shaking it twice a day. The tincture is then poured off, strained, and filtered.

Drug power of tincture, one-tenth.

Dilutions must be prepared as directed under Class IV.

Triturations are prepared from the powdered bark, as directed under Class VII.

The ingredients which confer physiological and therapeutic power upon the cinchona barks are very numerous. They may be divided into

four groups, varying in importance, but perfectly well distinguished from one another, and, excepting the last, these are again resolvable into smaller groups. The primary ones are as follows: (1) Alkaloids; (2) simple acids; (3) tannins; (4) the resinoid kinovine.

1. *Alkaloids*.—These are resolvable into (a) quinine; (b) cinchonine; (c) quinidine; (d) cinchonidine; (e) aricine. There is likewise the so-called quinoidine, an impure residue of manufacture from which is prepared the amorphous quinine of Liebig.

(a) Quinine exists in all the medicinal cinchonas, but is most plentiful in "yellow bark," occurring in natural combination with kinic acid and kino-tannic acid. The pure alkaloid is a strong base. It completely neutralizes acids, and produces with them both neutral salts and acid salts which are crystalline. It is very insoluble in water, freely soluble in alcohol, and less so in ether. The solutions are distinguished by a remarkable blue efflorescence. Excess of chlorine water, and the subsequent addition of ammonia, produce with the salts an emerald green. Quinine *per se* is never employed in medicine. By far the most commonly used salt is the neutral sulphate, which substance crystallizes in tufts of fine silky needles, and occasionally scales. These are so light that the aggregate of the mass occupies considerable space. In ordinary states of the atmosphere and of storage, the sulphate contains at least two equivalents of extraneous water, which can be entirely driven off by a temperature of 248° F., but speedily becomes reabsorbed. The purely bitter taste of quinine is highly characteristic.

Of late years, however, and especially in Germany, the neutral hydrochlorate of quinine has been preferred by many physicians, not only on account of its superior medicinal qualities, but because it is less subject to the fungus which spoils ordinary quinine solutions.

Numerous other salts of quinine will be mentioned under the head of preparations. Here it will suffice to state that the sulphate and the hydrochlorate are probably capable of accomplishing all the good that can certainly be affected by quinine.

(b) Cinchonine is most abundant in the paler varieties of bark. It forms clear, colorless, four-sided prisms, which are soluble in thirty parts of water, and are very insoluble in alcohol and in ether. With acid it forms soluble salts, which do not fluoresce in solution, and are turned lightish brown-yellow by the chlorine and ammonia tests.

(c) Quinidine, contained in many varieties of bark, is an alkaloid isomeric with quinine, with two equivalents of water, but is less intensely bitter, and less soluble in water and in ether. It

gives a similar fluorescence, and the same color with the chlorine and ammonia tests. Sulphate of quinidine is much more soluble in water than sulphate of quinine.

(c) Cinchonidin is isomeric with cinchonine. It occurs in large, shining, striated, rhombic prisms, which are anhydrous, and scarcely at all soluble in ether. The solutions are fluorescent, but do not answer to the chlorine and ammonia tests. In taste, compared with quinine, it is less bitter.

(e) Aricine. Concerning this it is unnecessary to say anything in detail, since there is no probability of its ever being brought into use in practical medicine.

2. *Simple Acids*.—The simple acids contained in the cinchona barks are the kinic and the kinovic.

(a) Kinic acid (or quinic acid) forms large, transparent, colorless tablets, the taste of which is strongly and purely acid. They dissolve very easily in cold water; much less readily in boiling water. They are more soluble in weak than in strong alcohol, and in ether are nearly insoluble.

(b) Kinovic acid was for a long time supposed to be obtainable only by artificial (chemical) means from the kinovine. It is now known to be a natural ingredient of the raw kinovine, or at all events of the kinovine which is furnished by the cinchonas grown in Java. This acid is probably of far greater importance than the kinic; recent researches have invested it with much interest.

3. *Tannin*.—The tannic acids of the cinchona are two: (a) Kino-tannic acid, and (b) Kinovi-tannic acid.

(a) Kino-tannic acid is a bright-yellow mass, easily pulverized, but very hygroscopic, and possessed of a sour and astringent, but not bitter taste. Friction renders it electrical. It dissolves readily in water, alcohol, and ether.

(b) Kinovi-tannic acid is of a clear, transparent, yellow color, and in taste is somewhat bitter. It is soluble in water and in alcohol, but not soluble in ether.

Whether either of these two tannic acids exists in the officinal cinchonas is, however, somewhat doubtful.

4. *Kinovine* (or quinovine) is an amorphous resinoid body, which can be rubbed into a smooth white powder, possessed of manifestly electric properties. When warmed, it evolves a feebly balsamic odor. The taste, though very slight, is sharp and unpleasantly bitter. The reaction is neutral; it is excessively hygroscopic; hardly at all soluble in water, very soluble in spirit, somewhat less so in ether. Dry distillation with lime develops metacetone and resinoid bodies. Heating with strong nitric acid causes the evolution of red fumes. Concentrated sulphuric acid gradually dissolves it with a dark red color. Hydrochloric acid vapor conducted into an alcoholic solution causes the development of kinovic acid along with kinova sugar.

Whether kinovine is itself an available remedy in disease has not yet been determined. It is employed, however, in the preparation of Kerner's pure and impure kinovates of lime.

Physiological Action.—The action of the cinchona barks upon the living organism is very complex; indeed, it is not yet possible to specify, in full detail, either the whole of the effects which the bark itself can produce, or the precise shares which are respectively contributed by the several ingredients. I will, however, give some account of the action of each.

Action of Cinchona Bark.—The first point requiring consideration is that of the chemical differences between the various kinds of officinal bark which are sufficient to cause diversities in their respective effects. The most important part of this question relates to the differences in the percentage (a) of alkaloids; (b) of tannin; (c) of kinovine; and (d) of kinovic acid.

(a) As regards the alkaloids, it is found that between yellow bark and red bark there is the following difference: the yellow contains about two per cent. of quinine, and scarcely any cinchonine; while red bark contains upon the whole about an equal quantity of each. Pale bark, in contrast with the other officinal sorts, contains only half the total customary percentage of alkaloids, and what it does contain is chiefly cinchonine.

(b) As regards the tannin. Of this red bark contains about 3.2 per cent., and yellow bark about 2.5 per cent. In pale bark the proportion is considerably less.

(c) The proportions of kinovic acid and of kinovine contained in the different varieties of bark have not yet, so far as I am aware, been exactly determined.

The action of the cinchona barks, as such, has never received the kind of investigation which has been pursued in regard to the alkaloids, and in the present state of our knowledge there are no means of deciding whether the barks of different species operate in ways which would theoretically correspond with the different proportions of the ingredients they contain. The following facts, in regard to cinchona barks in general, are, however, pretty well established. (1) When given in very large doses, they produce the phenomena which are known as "cinchonism," and which will presently be described under the head of quinine. But for the production of these phenomena extreme doses are required, and long before they commence certain disturbances come into play. (2) Upon the mucous membrane of the alimentary canal, cinchona bark produces effects which are probably quite independent of those induced by the alkaloids, and which are attributable to the astringent ingredients.

Physiological Action of Quinine.—This subject has recently assumed vast proportions, and every month adds so much to our knowledge that it is impossible to fail to omit some more or less im-

portant facts. It is necessary to consider quinine first in its physiological relations to protoplasm, and afterwards as to its action on the various organs of the body. That quinine in large doses is a protoplasm poison has been lately proved by a number of observers.

As long ago as 1849 it was observed that quinine had power to check the progress of alcoholic fermentation; and, later, Pasteur directed attention to the importance of the low organisms which are present in fermenting liquor.

Quinine very rapidly enters the circulation of men and of animals, whether put into the stomach, the subcutaneous tissue, or the cavities. It is also very rapidly eliminated again, nearly the whole being discharged as quinine in the course of about twelve hours.

The power of quinine to reduce bodily temperature, which is mainly a therapeutic and not a physiological effect, stood until lately on debatable ground; it was doubtful whether the influence is one exerted through the nervous system by the medium of a supposed heat-regulating center in the brain, or whether it is a part of a more generalized action on the tissues and fluids of the body. At the present time it is the scientific opinion that the lowering of bodily temperature is produced by means of a general interference of quinine with the oxidation process of the body in almost every part of it.

The special action of quinine upon the nervous system is most clearly seen in the symptoms which are associated with "cinchonism." When a patient is saturated with excessive doses of quinine, he gets loud ringing noises in the ears, splitting headache, vertigo, amaurosis, some times even delirium. In animals, a fatal dose of quinine has often produced convulsions and paralysis of the hinder extremities. It would appear that the lowered sensibility of parts, and the diminished muscular action are due, not to direct paralysis of the nerves or to any interference with muscular irritability, but to a diminution of reflex action. For man it is not easy to say what would be a fatal dose of quinine, since enormous doses have been given with only temporary bad effects. Still it is certain that, if the stomach could be got to retain a sufficient quantity, we should have a fatal result, preceded, in all probability, by convulsions.

There are other local poisonous actions of quinine which are less constant. One of the most singular of these is its very powerful and disagreeable action on the skin of many patients. It produces irritation of the skin, followed by free desquamation; cases have not infrequently been seen in which the whole skin of a hand or even of a limb has come off like a glove or a stocking.

Another occasional effect, more common than the last named, is the influence of large doses of quinine in accelerating the heart's action and the respiration. Many persons seem quite insusceptible to this influence even when very large

doses are given to them; but in others the palpitation and hurried breathing are so pronounced as to cause much distress.

Physiological Action of Cinchonine.—This alkaloid, formerly supposed to be next in activity to quinine among the cinchona alkaloids, is now known to be the feeblest of them all.

Physiological Action of Quinidine.—There is every reason to believe that this corresponds exactly in every particular with that of quinine.

Physiological Action of Cinchonidine.—The great powers and activity of this alkaloid have only of late been appreciated. As a protoplasm poison, and probably in every other physiological relation, it comes next to quinine and quinidine, and decidedly above cinchonine.

It has been stated that bark itself in large doses has occasionally induced sexual excitement; and there is some reason to believe, though the matter is not cleared up, that each of the four alkaloids is capable of producing this effect under certain conditions.

In our next lecture we will finish our study of cinchona.

♦ ♦

Pain as an Aid to Diagnosis and Treatment.

BY JAMES WATSON, M. B., C. M. EDIN.

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Much of the literature of the medicine of to-day belongs to the specially descriptive and pathological aspects of disease.

The prevalence to which specialism has attained, together with the great advances which have been made in the appliances and methods of investigation, have brought this to pass; but in its train there lurks a subtle danger, hardly to be recognized at first sight, yet very real and imminent. The danger lies in the confounding the ultimates or issues of disease with the disease itself; or to put it in another way, in the use of the pathological terms descriptive of the disease as though they comprised the alpha and the omega, the beginning and the ending of the whole vital proceeding. As Clifford Allbutt pointed out some time ago, there is no such thing as enteric fever or diphtheria—these are not things, but abstract conceptions—the realities being large numbers of individual patients, no two of whom are alike, and many of whom are very unlike.

Among the things which have suffered neglect through the whole-hearted devotion to the microscope, the test tube, *et hoc genus omne*, are the rank and file of subjective symptoms. These, as occurring especially to each individual, bear the hall-mark of the person as such, rather than of the disease and ought to be entertained and welcomed as a contribution "to the rise of the patient and fall of the disease."

In this paper it is proposed to consider the

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subject of pain, its value as an aid in diagnosis, and its significance from a therapeutic standpoint.

While current literature on this topic is, with the exception of a few articles by Head of London, and Mackenzie of Burnley, very scanty, we cannot omit mention of that classical work of Hilton's on "Rest and Pain." We shall have occasion later on to quote from that work, so well does it voice certain of our ideas regarding the beneficent uses of pain.

The difficulty which meets us at the very outset is the great unreliability of pain. It is largely, if not in all cases entirely, subjective, and, therefore, allows of no standard by which it can be measured by on-lookers. It occurs so frequently; it finds expression in so many different and almost contrary terms; lastly, it can so readily be simulated, as malingerers know; these and many other considerations which might be put forward clearly show how impossible a task it would be to classify pain, or to fix a hard and fast, or even a sliding scale of values to the various manifestations of pain met with.

Each case has to be investigated on its own merits, and the points which require to be adjudicated upon, are roughly speaking, three—(1) the veracity; (2) the temperament; and (3) the intellectual endowment of the patient. The influences which these three factors, which we may conjointly term the personal equation of the patient, have upon the pain complained of, scarcely needs illustration. We are accustomed almost intuitively to classify our patients as neurotic, phlegmatic, or melancholic as the case may be, and to qualify their account of themselves accordingly; and it is right here, as the Americans would say, that we so often go astray.

I shall not readily forget a patient who once passed through my hands, when I was acting as clinical clerk in the Medical Outpatient Department of the Royal Infirmary, Edinburgh. The patient, a young man, practically just a well-grown lad of nineteen, complained vaguely of illness, and though we could find no physical cause to account for his feelings, the general look of the patient supported his statement, and we drafted him on into the ward of one of the most famous of Edinburgh physicians, since deceased.

The next time I saw that patient was in the clinical medicine theater, when, before some three hundred students, his case was expatiated upon as a typical instance of hysteria in the male, or hypochondriasis, as it is more commonly termed. Within three weeks I assisted at the autopsy on that patient, and we found, high up in the rectum, the cancerous mass which had caused the patient his sufferings, and had in the end killed him.

I doubt very much whether we could not all of us furnish from our own practices similar, if not so aggravated, examples of hasty judgment arrived at, to the detriment of our patient

and the subsequent disparagement of our own professional skill and abilities.

But though pain possesses in a very marked degree this element of unreliability which is common to all subjective symptoms, yet there are to be met with occasionally objective symptoms forming very clear corroborative evidence of the existence of pain. Of these control-symptoms, if I may so term them, mention may be made of two: (1) The expression of face of the patient, (2) the position adopted and reflex movements made under the influence of pain.

The case whose history I have just cited was one in which due consideration was not given to the expression of suffering which the patient's face portrayed. It bore the indefinable, anxious look which is associated with malignant disease, and although one cannot diagnose the presence of malignant or other disease through expression alone, it should at least help to put us on the right track. Eustace Smith it was who said, speaking of pain in children, that pain in the head is indicated by contraction of the brows, pain in the chest, by sharpness of the nostrils, and pain in the belly by a drawing of the upper lip.

But the position and attitude which the patient adopts may also act as control-symptoms. When asked to see a child complaining of pain in the knee, and also of lameness, the first thing we look to is the position of the limb, which in many cases indicates the presence of hip-joint disease. Again, in abdominal disease associated with peritonitis, it is scarcely needful in some cases to ask questions; the anxious look, the flexed thighs, and the immobile abdomen, which the patient almost shrinks from your inspection of, speak eloquently both of the nature of the disease and the character of pain experienced; of angina pectoris, and of the passage of biliary and urinary calculi, the accompaniments in the way of bodily contortions and mental suffering are too well known to need recital.

In considering the value of pain as an aid to diagnosis, there are a few general propositions regarding its psychology which have to be made. The points about which modern psychologists are not agreed are three: (1) The existence of pain spots analogous to tactile bodies and temperature spots; (2) the existence of separate pain-conducting tracts in the cord; (3) the existence of a specific pain center in the brain.

The first point does not concern us here. But with regard to the second, Professor James remarks that in certain cases of analgesia the sense of touch is retained, while that for pain is lost, which strongly supports the view that there are special pain-conducting tracts.

The difficulties to be overcome before establishing the hypothesis of a specific pain center are very great. Pain can be produced through over-stimulation of any of the special senses, possibly indeed, by currents of overflow from the sensory centers reaching such a specific pain

center. But the difficulty which to our way of thinking demolishes the hypothesis is that a specific pain center, supposing such to exist, would give a uniform response to stimulation, proportionate to the stimulus supplied. But pain has to be reckoned not only as regards its degree of intensity, but according to its character, and we cannot see how one specific center can give rise to the infinite variety of pains met with according to the site of lesion.

This brings us to consideration of some clinical points regarding pain, which may help in elucidating the *fons et origo* of the affection. The first of these is the character of the pain complained of.

The dull, gnawing, tearing pain of bone affections, the sharp, burning and stinging pain of neuralgia and other nerve affections, *e. g.*, locomotor ataxia, and the bruised aching of muscle and aponeurosis are well-known instances of the varying character which pain assumes in different structures.

Then another point I wish to emphasize is the mode of onset of the pain. Speaking in a broad sense, we think it may be said that sudden attacks of pain point to the involvement of one or other of two structures either (1) of nerves as in the case of neuralgia, or (2) of hollow viscera, with whose contraction the morbid process has in some way interfered. The frequency with which the pain in abdominal diseases manifests itself suddenly shows how readily irregular muscular contractions are capable of inducing sudden and acute pains. We cannot leave this part of our subject without pointing out the periodicity which often characterizes pain. This is met with typically in some forms of neuralgia. The nocturnal aggravation which almost all diseases show seems to be another example of periodicity, and although there are general physiological considerations which may account for this, its results are none the less painful, as sufferers from tertiary syphilitic bone pains well know.

The reactions which various pains give to their environment are points not so much of clinical as of therapeutic import. The reactions I refer to are what we homeopaths are wont to call the conditions of amelioration and of aggravation.

The effect of (1) Heat and cold. (2) Rest and motion. (3) Heavy and light pressure and (4) the reaction to atmospheric influences, *e. g.*, damp, cold, thunder; all these are points which are well brought out in provings, and with them as guides we are enabled to value at their true worth those same features and reactions when manifested in the course of natural diseases.

It is worthy of note in passing that Musser in his book on "Medical Diagnosis" enters at some length into the consideration of these reactions of pain, but without giving a hint of their value therapeutically.

In dealing now with the diagnostic value of

pain, I must beg leave to confine our attention to that class of diseases in which pain is felt remote from the actual site of the disease and unconnected with it, except by way of nerve continuity.

This opens the whole vista of reflex or, as Dana prefers to call them, reflected pains, and it is also meant to include those pains which have lately been brought before the notice of the profession by Dr. Henry Head in various papers dealing with the cutaneous symptoms of visceral disease.

The following quotation taken from Dana's work shows how very frequently reflex pains occur in visceral disease.

"Irritations from the stomach cause reflexly a larger variety of pains. We all know that the simple ingestion of a glass of ice water will cause a sharp frontal or temporal pain." Lauder Brunton finds that constipation and presumable intestinal irritation cause a diffuse frontal headache over the whole brow. When there is no constipation and the condition is one of gastric irritation, the pain is either just above the eyes, or more rarely in the occiput (when it will be relieved by acids,) or just at the roots of the hairs (when it will be relieved by alkalies.)

The scapulæ and shoulder pains in dyspepsia and the pains felt between the scapulæ due to the involvement of the posterior branches of the second to the sixth intercostal nerves are common phenomena familiar to all.

The milder irritations produced by undigested food, excess of acid, seem to be reflected most often upon the upper intercostal nerve or the cardiac nerves, vagal or sympathetic.

The stomach and intestines are probably the most frequent cause of transferred pains; after this I would place the uterus and its appendages, and next the eye or heart.

Pains started up by the gall bladder are felt in the right side of the thorax and right arm, while it is one of the aphorisms of medicine that disorders of the liver may cause pain in the right shoulder.

In abscess of the spleen, there is a pain felt in the left shoulder.

In kidney disease neuralgic pains may be felt in the lumbar region, radiating forward to the lower abdomen and genitals.

Lange says that in uterine troubles the reflex pains occur oftenest in the form of arthralgia . . . Studies of the cause of reflex pains in the feet show that they may be referred in almost all cases to irritation of the genito-urinary tract (*e. g.*, gonorrhœal rheumatism) . . . It has been stated that pain in the heel may be caused by ovarian abscess (I can remember a case which was brought before the Royal Medical Society of Edinburgh, in which pain in the heel was the symptom which led to a vaginal examination being made, revealing the presence of cancer of the cervix.)

Lesions in the lung itself cause reflex pains in

the form of intercostal neuralgia. Slight pulmonary congestions such as occur at the very onset of phthisis may cause intercostal neuralgia and Anstie speaks of the value of these pains as "warnings of the approach of phthisical disease."

Such are a few of the clinical instances culled from allopathic literature in which the value of pain as an aid to diagnosis is now universally recognized. An anatomico-physiological relationship—sufficient to satisfy the most skeptical—has been shown to subsist in them all, and renders the claim which we desire to make on behalf of this most fickle of all subjective symptoms to a place of interest and of importance in the study of disease processes, unimpeachable.

Dr. Henry Head, of the London Hospital, has contributed an article to the last edition of Quain's "Dictionary of Medicine," upon "Pain in Visceral Diseases." The basis upon which he has worked out the interdependence of cutaneous pain with visceral disease is a purely clinical one, and the method adopted is that of mapping out the various areas of hyperæsthesia met with in association with visceral disease. In the article in question he gives a tabular list of organs of the areas of skin—in terms of their nerve distribution—found to be in organic association and sympathy with each other.

This experimental test, it is interesting to note, gives a very similar result to that of Dana, whose scheme is founded upon a knowledge of the intercommunications which anatomists have shown to exist between the sympathetic nervous system, supplying the viscera, and the cerebrospinal system, supplying the skin.

Head's theory explanatory of these associated cutaneous phenomena is a very ingenious one. He says, "When impulses pass up sensory sympathetic nerves from an organ which is diseased, they set up a disturbance in the segment to which they are conducted. Now any secondary impulse from another part, *c. g.*, from the surface of the body which passes into this same segment, will be profoundly altered. For it no longer falls into a normal quiescent segment of the nervous system, but into one whose activity is already disturbed. The resultant stimulus conducted upwards to the brain, therefore, differs from that which would have passed onwards from that segment under normal circumstances. The second stimulus will appear to be exaggerated, or may, perhaps, undergo some actual increase in its passage through the excited segment. Thus, any otherwise painless stimulation applied to the surface of the body, falling within the area supplied by fibers which enter the disturbed segment, will appear to be painful, and the skin will be said to be tender. The fact that these areas correspond so closely in extent with those occupied by herpes zoster renders it probable that they belong to the same level of the nervous system, and that the cause of the tenderness is to be sought in that portion of the nervous system which,

when injured, produces herpes zoster. This has now been shown to be the ganglion of the posterior nerve root. It is therefore probable that impulses passing from an affected internal organ up the white ramus of the sympathetic system produces an alteration in some of the cells of the posterior root ganglion. These cells form the trophic stations for the sensory fibers from the skin. Thus painful stimuli from an internal organ produce such a disturbance in the ganglion that every stimulus from the peripheral distribution of the fibers entering that ganglion appears to be painful."

Having thus, as we believe, shown incontrovertible evidence of the value of pain in the diagnosis of disease, we now proceed with the consideration of the second part of our subject, *viz.*, the value of pain as a guide to treatment. We must, however, in order to prevent misunderstanding, and to disarm criticism, preface these remarks by anew asserting our belief in one of the cardinal tenets of homeopathy that the totality of the symptoms constitute the disease, and the simillimum the proper treatment. But that belief need not debar us from investigating the therapeutic indication which pain may afford, more especially as such an investigation will allow us an opportunity of stating some of our opinions regarding the validity of provings, some of which seem of late to have fallen somewhat into disrepute.

That each drug has its own special sphere of action and specific mode of action within that sphere, has come to be recognized by even our old-school brethren. According to Sharp, "Essays on Medicine," No. 7, it was Haller, an eminent Swiss physiologist who, about the middle of the eighteenth century, first laid down that "the remedy is to be tried on the healthy body; a very small dose is to be taken and attention is to be directed to every effect produced by it. Having obtained these obvious phenomena in health, you may then pass on to experiment on the body in a state of disease."

Such was Haller's dictum; what the fruits of it in his hands were is not recorded. But we know that for more than thirty years, Hahnemann, conscious of the truth of the law, *similia similibus curantur*, devoted himself with untiring zeal to the work of proving medicines, and in this way the homeopathic materia medica came into being. In this connection, it is well to bear in mind that different constitutions and temperaments show just as marked divergence in their reactions to drugs as they do to natural diseases. One prover may bring out the symptoms of the mind very prominently; with another the gastrointestinal symptoms rank highest; while with others symptoms of the nervous, genito-urinary, or other systems may predominate. We believe that no individual can possibly give in his proving a full picture of the potentialities of a given drug.

In order to arrive at the genius of a drug,

the experiment must be made with many provers, of varied characters and constitutions.

The systems recorded by the various provers collected together, just as though one man only had proved the medicine, can alone give the full image of the medicinal disease. This necessitated the adoption of a definite, and to some minds an apparently arbitrary subdivision of the symptoms of the provers, in order that symptoms produced in the same spheres—of mind or of heart—would come together and complement each other.

Of course, this has led to much diversity of symptomatology, and is, we think, largely accountable for much of the destructive criticism which is nowadays leveled at many of the older provings. It has been suggested, we believe, that pathogenetic symptoms to be of any value must be produced in all or in a majority of the provers of a drug. We understand that some provings have been re-modeled upon this basis, all the symptoms recorded by only one or two provers being expunged. To purge the roll in this way in order to get down to a bed-rock (so to speak) of common symptoms and reactions, is to us equivalent to sacrificing our birthright for a mess of pottage. By so doing we might possibly gain the adherence of a few more men, but at the cost of our most precious heritage, viz., the faculty of individualizing both as regards drugs and patients.

These rather discursive remarks apply to all the pathogenetic records of provings, and to none more so than those of pain.

The following short extract from Hilton's "Rest and Pain" is of great interest: "Sympathetic pains on the surface of the body connected with derangements of the internal viscera are of great and pressing interest to us. I conceive that pains situated upon the surface of the body, and associated with some abnormal state of an internal viscus, must be looked upon as a beneficent provision, enabling us by external pain to receive the information and to appreciate slight organic changes or derangement of functions of the internal viscera."

That these remarks hold true of pain in natural disease has been shown by the evidence which later-day physiologists and clinicians have brought forward. They are equally true, we venture to think, of pain as supplied in the records of our provings. In both classes the pain evidences the reaction of the system to the morbid agent at work in the body, and as in the first class the pain acts as an intelligible guide to the site of the disease, so in the second class it acts likewise in regard to treatment.

I have collected a few examples of remedies whose pathogenesis contains, as a prominent symptom, pain in connection with various organs. I give the symptoms as recorded by the provers, and may here remark that in the light of the anatomico-physiological data already referred to, as well as from the result of their ex-

hibition in diseased states, they warrant our acceptance.

Actea Racemosa.—Pains from the region of the heart all over the chest and down left arm.

Agaricus.—Burning, shooting pains in region of heart extending to left shoulder.

Alumen.—Pressive hot pain on vertex of head (modality relieved by pressure). I had a case a short time ago in which this symptom was most pronounced. The patient, a very anæmic woman—the vertex is the typical site of anæmic headaches—complained of this hot, burning pain, and she also had very bad alopecia. I tried phos., as she had lately gone through a period of rather anxious nursing, without result. On closer investigation I got the above symptom of modality, and gave alumen, with great benefit to the anæmia, complete relief to the headaches, and rapid recovery of the growth of hair.

Cactus grand.—Pain in the apex of the heart, shooting down left arm to ends of fingers.

Cannabis sativa.—Drawing pains from region of kidneys to inguinal glands, with anxious, nauseous sensations in pit of stomach.

Chelidonium.—Constant pain under the inferior angle of right scapula.

Helonias.—Pain in lower part of back through to uterus.

Kreasote.—Pain in small of back and in sacral region, urging to urinate and ineffectual desire for stool.

Lycopus.—Rheumatoid pains in precordial region and at apex of heart, followed by pains in left wrist.

Kalmia.—Shooting pains above heart through to scapula.

Sepia.—One of the most important uterine remedies, contains the following symptoms: "Pulsating headache in cerebellum," which is just the site associated with headache of uterine disorder (Dana).

Many more examples might be cited, but as I do not wish to appear to advocate this as a method of arriving at a correct prescription, I will refrain. They are adduced merely as instances in which the structural interdependence of pain with the visceral disease, now known to exist, was foreshadowed; and that which has been proved to be true of pain, one of the chiefest of subjective symptoms, ought to establish us in the faith, and enable and encourage us to deal more confidently with those other symptoms whose exact pathological relationships are not yet revealed.

ALSO

Think of it! All of those operations performed by that eminent Vienna surgeon are declared by the Illinois board of health to be illegal because the eminent healer didn't take out a practicing

license. Well, let us be thankful that he can't be made to put things back where he found them.—Cleveland Plain Dealer.

Yes, think of it! In proud, free, independent America! What an object lesson to this eminent gentleman from an effete monarchy of the far East! What an inspiring republican thought—that a surgeon who comes among us to do good to a crippled and twisted bit of humanity cannot be permitted to it without incurring the penalty of being a mere criminal—that is to say, he shall not do these things because he has not been licensed under the laws of the State. But what will he say, this foreign criminal, when he learns that Americans themselves—men who have been taught from earliest infancy of their independence and freedom—cannot cross an imaginary State line and practice medicine in the other principality without a special examination, registration and license! And that if he so far forgets himself—though a properly educated and certificated practitioner in his own State—as to attempt to relieve the agony of some suffering or dissolving human fabric a few miles away from his State line, he will find himself in durance vile as a criminal. Hasn't the ridiculousness of the examination and registration law been carried about as far as it need be? Or shall it be stretched still a little further yet, until the common sense and fair play of the people rise and smash it to atoms! A citizen of the United States, born on the free soil of the United States, of free and honorable parents, who has followed out the proper, necessary, and legal forms of his State, and has gained the diploma of a medical school, must not only again be examined by his State to prove or disprove his alma mater a liar, but he must, in order to be able to practice medicine in the United States, have forty-four State examinations, and forty-four State registrations at twenty-five dollars per! Why not descend still further in the scale of freedom of motion and independence of action and adopt the union-card system and black-list? This card to be conspicuously worn about the possible criminal's person, ready to be examined by any police official elsewhere! And, yet, there is that in the Constitution of the United States which prohibits one State from enacting laws against any other of the States. And "State" is a conventional name for the people living in that arbitrary division of the great and free United States of America.

Worth Remembering.

Sulph.—Give the use of sulph. in the climacteric period and compare with lach.

Sulphur rivals with lach. when the hot flushes are accompanied by burning sensation on the top of the head and soles of feet, and a marked weakness in the stomach, an empty, gone, or faint feeling. Venous congestion with piles and constipation points also to sulphur. Cutaneous hyperæsthesia with fainting spells and backache to lachesis.

Silica Child.—Imperfectly nourished, not from want of food, but from defective assimilation. The head covered with offensive sweat and unduly large; likes wrapping up (calc. ost.) Fontanelles open, body emaciated, abdomen swollen and hot (calc. cold) and great sensitiveness of the surface of the body. Muscles lax; face pale, earthy, or waxen. His bones and fibrous parts of joints are diseased, with a knob-like appearance. His ankles are weak and the child is slow in walking (calc. phos.) and has aversion to mother's milk. Scrofulous and rachitic conditions with want of vital warmth (sep.) Obstinate, headstrong; cries when kindly spoken to, stools offensive, painless, containing undigested food.

Give typhoid fever of rhus. tox.—Shooting pains in the limbs, compelling patient to move. Great prostration, annoying cough, diarrhea, and debility. The patient complains of weakness that is far worse than he looks, feels as if a board were strapped tight across the forehead. Tongue red at tip. Epistaxis of dark blood, which relieves. Sleep restless; dreams of climbing hills. Stools, scanty and green, become involuntary during sleep. Mucous râles, red spots on skin, and copious sweats. Sensitiveness of R. iliac region.

Give difference between rheumatism of rhus and causticum.—Rhus tox. has restlessness night and day and better by continued motion. Causticum has restlessness mostly at night and no relief from motion.

Give the headache of sepia.—Headaches of uterine and gastric origin. Throbbing, rush of blood to head; pains sharp, shooting upwards, usually worse over left eye and from least noise, better from sleep.

Give heat and patient of sepia.—Heat comes in flushes; passive congestion, from chest up. Hands and feet are alternately hot and cold. The sepia patient is sad and tearful and irritable at the same time (ign.). Puls., sad, tearful, and mild.)

* Some questions and answers in old-fashioned Homeopathy from the pen of Dr. E. Fornias, Philadelphia.



The Medical Library

By O B SERVER

Das Asthma sein Wesen und seine Behandlung.

Dr. Brügelmann, the fourth edition of whose work on "Asthma" is now issued, is already well known in Germany by his writings on the subject. Asthma, he says, is bronchial spasm, which may depend on very different causes. No two attacks resemble each other perfectly. The cause of the symptoms is to be sought in the nervous respiratory centers. The spasmodic inspiratory position of the thorax, characteristic of an attack of asthma, can be imitated at will, and chloroform and morphine, by their action on the nervous system, can cause the thorax to sink back to its normal position and let out the collected carbonic acid gas. When an asthmatic patient believes that owing to some peculiar smell he cannot breathe properly an alteration in the brain (anxiety) occurs, the respiratory center is secondarily irritated, and the patient spasmodically draws up his shoulders and struggles for breath. If, however, the patient is reassured and encouraged by suggestion and by having his attention turned, he will breathe easily again. The exciting causes of the attacks must be sought out and if possible removed.

There is no difference between "bronchial asthma" and "nervous asthma." The bronchial tubes are the seat of every asthma, just as the skin is of urticaria, whatever be the cause of the attack. Every asthma is nervous.

Brügelmann divides asthma into three groups: traumatic, reflex, and toxic. The reflex asthmas are grouped accordingly as the "asthmogenic" sources lie in the respiratory, digestive, sexual, circulatory, or other systems. Neurasthenic asthma is, according to the author, a form in which the irritation of the respiratory centers is reflexly induced from any spots in the nervous system, but in which this irritation can only be brought about when either the connecting portions of the nervous system, or the centers themselves, or both, have become damaged or worn out (neurasthenic). As traumatic asthmas he classes those cases in which the susceptibility of the respiratory centers has been altered by a physical or psychical injury. Toxic asthmas (cardiac, renal) are assigned to a general nutritional disturbance by which the respiratory centers are affected. To the psychical factors in treatment Brügelmann continues to attach special value.

In regard to the peculiar effects of different climates on asthmatic patients, he thinks that

"asthmogenic" points in the respiratory tracts may be soothed or irritated by the air of the place, but that the effects are chiefly due to auto-suggestion and faith in the local medical man.

Infant Feeding.

In the third edition of Dr. Rotch's large work on Pediatrics, as might be expected from the author's reputation, the subject of infant feeding is treated at great length. In the 130 pages devoted to its consideration we notice numerous analyses of different kinds of milk, several consecutive pages of mathematical formulæ, 58 tables (many of them of an extremely elaborate character), and no fewer than 40 prescriptions for foods containing varying proportions of cream, fat-free milk, lime water, and milk sugar. We fear that the impression gained from the perusal of this section would be that the subject is almost too intricate for ordinary comprehension. Now the subject of infant feeding is admittedly a difficult one, but it is a moot point whether the over-elaboration of such a system as that advocated by Dr. Rotch does not add special difficulties of its own—difficulties far greater than those the method was designed to overcome. If such complex schemes of feeding are necessary, or even remotely desirable, then few of the hand-fed infants of past generations would be surviving now, and it is a black look-out for the vast majority of infants at the present day. Fortunately for them, and for the credit of the medical profession at large, there is no valid evidence forthcoming as to the advantages gained by such intricate methods over those practiced by competent authorities who hold a simpler creed, although the novelties of the author's methods have been duly acknowledged and no doubt sufficiently tested for some years past.

Dr. Louis Starr, in his new work "Diseases of the Digestive Organs in Infancy and Childhood," in the diseases of the digestive organs includes such disorders as naso-pharyngeal adenoid hypertrophy, enlargements of the tonsils, ascites, retropharyngeal abscess, and gives many directions for infant feeding simpler than those of many other writers on the subject, and they seem to us judicious and adequate. It is interesting to learn that in his experience Rotch's system of prescriptive milks has proved a failure, although he rightly accords him praise for the care and attention his writings have called to a most important and difficult subject.

The fifth edition of Dr. Cheadle's work on the "Artificial Feeding and Food Disorders of Infants" has been edited and revised by Dr. Poynton. The proportions of the different elements in the various kinds of milk and other foods have been corrected in accordance with more recent analyses, and fuller information than was accorded by the previous editions has been given, chiefly in the matter of rules for the safe establishment of young infants upon artificial foods, of dilatation of the stomach, and of acholia. Cow's milk should always be peptonized, says the author, when its administration is first begun. Later on it should be given boiled and diluted with water, deficiencies in fat and proteids being supplied by the addition of cream and raw meat juice. We are told the composition of the food which should be given, but no ready method of arriving at it. Very little is said on the subject of "modified milk" as advocated by Rotch, and nothing on that of undiluted sterilized milk recommended by Boudin and other French writers. In these and some other respects the book has scarcely been "brought up to the standard of the time."

The Operations of Surgery.

The new edition of Dr. Jacobson's book is enlarged to two volumes. The increase in the number of its pages is due partly to the description of new procedures, partly to new illustrations, and partly to an alteration which we entirely commend, the conversion of much of its small into ordinary type. In every department of the work we find evidence of a careful and successful attempt to estimate the value of new procedures, and to weigh older methods in the light of further experience. In the first volume Mr. Jacobson has rewritten the section on operations on tendons, and considers for the first time the application of transplantation to infantile paralysis. The article on Removal of the Breast has been similarly treated, and we are interested to find that Mr. Jacobson now recommends the removal of the costo-sternal portion of the pectoralis major in all cases, and of the pectoralis minor in most, in order to get beyond the disease. Many minor alterations are of interest; for instance, while a preference is still expressed for Whitehead's operation for excision of the tongue, the removal of lymphatic glands beneath the jaw in all cases is now recommended. In the second volume also there are many changes too numerous to catalogue. Bassini's operation for the radical cure of inguinal hernia now displaces Macewen's as the method of choice. We note also that the value of gastrojejunostomy in non-malignant stricture of the pylorus and in chronic ulcer of the stomach is discussed for the first time, but the few lines which are accorded to the subject can hardly be considered adequate. A long extract from a lecture by Mr. Jacobson provides an admirable discussion on the difficult

subject of the choice of time for the operation on appendicitis; the author finds himself increasingly drawn towards the school of those who advocate operation at once or at the end of thirty-six or forty-eight hours. Such are some of the new views and new procedures which this new edition brings forward.

Les Cirrhoses Biliaires.

Dr. Pierre Lereboullet, in his recent volume on Biliary Cirrhosis, has made a successful attempt to summarize all that has been done since Hanot published in 1875 his fundamental thesis upon the subject, and in particular to give the views of Professor Gilbert, and the results of the investigations and observations made by him, his collaborators and pupils. The plan of the book is excellent, and it is adequately illustrated by woodcuts, but it will afford a better impression of its scope in the space at our command if, instead of a detailed analysis of its contents, we give a brief outline of the position taken by the author.

Biliary cirrhosis is held by him to include more than one clinical and pathological type. There is, first of all, that originally described by Hanot as hypertrophic biliary cirrhosis with chronic jaundice now called megalosplenic biliary cirrhosis, where the liver and spleen enlarge equally but the former is always in advance of the second.

The next is that form which has been described by Gilbert and Fournier as hypermegalosplenic biliary cirrhosis, where the size of the spleen is often more remarkable than that of the liver.

Thirdly, there is the type distinguished by Gilbert and Castaigne, and called by them microsplenic biliary cirrhosis, in which the spleen is not hypertrophied or has even undergone atrophy.

We have, finally, atrophic biliary cirrhosis, an exceptional form, in which there may be atrophy instead of hypertrophy of the liver.

All these begin insidiously in persons who belong to the "cholæmic family." Members of this family may have a perfectly normal complexion, but the skin is frequently colored by bile pigment without any tinging of the conjunctivæ; in other cases there may be distinct jaundice or subicteric coloration; in others the discoloration may be localized to the face, around the mouth, or on the palms of the hands, etc.; there may be xanthelasma of the eyelids or pigmented spots (chloasma) on the face; the blood serum constantly shows cholæmia, but of variable intensity; the urine does not contain bile pigment or bile acids, while the quantity of urea is normal, and alimentary glycosuria, when looked for, is usually absent. They often suffer from prurigo, dyspepsia, neurasthenia, hysteria, rheumatism, hemorrhages, and other troubles.

The subjects of the diathesis are held to be predisposed to invasion of the bile ducts by in-

testinal micro-organisms (bacillus coli, enterococcus); acute infections originating in this way give rise to catarrhal or suppurative inflammation of the bile passages, causing various forms of acute jaundice; chronic infections, on the other hand, give rise in their simplest form to (1) simple cholæmia, (2) megalosplenic jaundice, (3) megalosplenic meta-icterus, (4) the various forms of biliary cirrhosis, (5) biliary lithiasis; all these affections are therefore regarded as depending upon varying degrees of infection of the bile passages. A predisposition to this group of disorders is observed to run in families, observations under this head having been reported by Osler, Parkes Weber, and Finlayson, as well as by Gilbert and his pupils.

The biliary cirrhosis resulting from chronic infection of the bile passages gives rise to the three anatomical types already described, which agree in their main clinical features. Apart from the relative size of the liver and spleen these symptoms are: early and often sudden jaundice, pruritus, fever, enlargement of the abdomen, abdominal pain, pain in the lumbar region or in the hypochondrium, or over the region of the liver; in some cases the pain first complained of may be over the spleen; ascites is as a rule absent, but has been seen temporarily in the earlier stages of a few cases, and is attributed to a peritonitic process; the fever is irregular, and often intermittent, so as sometimes to give rise to the belief that it is of malarial origin; the urine is abundant, high-colored, and contains bile pigment with bile salts; the amount of urea varies, but is often deficient; indican has only been observed in small quantities, and in a few cases; the fingers have frequently undergone the Hippocratic deformity with enlargement of the terminal phalanges. When the disease occurs early in life it generally leads to arrested development or infantilism. Hanot's disease is especially liable to occur between the ages of 20 and 30, while the hypermegalosplenic form occurs most frequently in children. The microsplenic form is essentially chronic; the history of the case often goes back for years.

Les Fonctions Hépatiques.

Another excellent monograph is that by MM. Gilbert and Carnot on "The Functions of the Liver." The authors are well known by a series of valuable contributions to the physiology of the liver, and probably no one could be better fitted for the work of drawing up a well digested account of the present position of the subject. It is due to them to say that they have by no means allowed their own work or views to overshadow those of other investigators, and we believe that the account given is accurate and impartial, and deals with many points about which comparatively little is known to the general medical reader. We may instance the part played by

the liver in preventing the access of micro-organisms to the blood. Thus it has been found out that the liver retains tubercle and anthrax bacilli, and the *oidium albicans* fungus; while on the other hand it does not impede the passage of streptococci and colon bacilli, and appears even to increase the activity of the diphtherial toxin. This bactericidal action is believed by Lemaire to be a function of the endothelial cells, and its completeness depends greatly upon the virulence of the culture employed. The part played by the bacillus coli in the pathogenesis of biliary calculi has been abundantly illustrated by their experimental production by Gilbert and others. The authors speak with some hesitation respecting cholagogues, few of which they state have managed to survive criticism. The only one, they say, which retains all its value is bile, which is the most powerful of cholagogues, and illustrates the law which the authors have formulated that every section possesses an exciting action upon its own secreting organ.

The descriptions of the different functions of the liver naturally lead up to a consideration of the pathological conditions which may result from a diminution or increase respectively of these functions. Liver insufficiency, according to the authors, may be either small or great. The former is observed in cirrhosis, in fatty and waxy degeneration, also in many infections and in other diseases. Such slight insufficiency is compatible with a relatively satisfactory state of health, and is often latent, needing to be looked for. Sometimes all the functions of the liver are depressed, at others one only; while, again, in other cases one function may be depressed and another increased. In grave liver insufficiency there are all the severe symptoms which we associate with acute fatty atrophy. Excessive function of the liver is, according to these authors, met with principally in certain cases of diabetes and of biliary cirrhosis. The liver may be greatly enlarged, or there may be simply an excessive functional activity of an organ of normal volume; the latter form is undoubtedly under the influence of the nervous system. These views, which have far-reaching effects, cannot be said to be universally accepted, but deserve, and will no doubt receive, due consideration.

—The unexpected demand for another edition of Dr. Bukk G. Carleton's Book on Uropoietic Diseases is only another evidence of the popularity of the book. The author's recent experience, together with the late published opinions of others on the subject, are embodied in the new third edition. This, together with a revision of the Index, makes it a ready and thoroughly up-to-date reference book on Diseases of the Bladder and Kidneys for the busy physician and others interested in that subject. The book consists of 422 pages, and sells for \$3.50. Boericke & Runyon of New York are the publishers.

TOPICS OF THE HOUR

Dissolution and Amalgamation.

On the second day of the New York State Homeopathic Society's meeting at Utica recently, there was injected into the proceedings a remarkable paper, which was in effect a deliberate bid for the downthrow of that society and with it homeopathy itself. We judge in part by what we knew at Cleveland at the Institute meeting and even before, and by what appears in print in the Utica Press. We give the condensed speech, and the discussion as it appears, in order to show how little objection was urged by those present to the scheme of Dr. Parke Lewis:

"The chief paper of general interest and which provoked the most discussion was that by Dr. F. Parke Lewis of Buffalo. Of late, so it is said, there have been overtures on the part of allopaths to the homeopaths, inviting them to join the allopathic societies, or rather to form societies composed of both schools, each school yielding nothing of its beliefs and practices, but agreeing on a fraternal basis just as the bulls and bears do business on the Stock Exchange, or as Republicans and Democrats are members of the same body in Congress. The paper by Dr. F. Parke Lewis of Buffalo was on 'The Study of Medicine as a Scientific Pursuit' and in it he took strong ground in favor of the proposed union. The discussion showed widely varying views, although as a rule, the younger men were in favor of it, while the older men opposed it strongly. There were, however, some exceptions in which it was demonstrated that some men are old in their youth while others refuse to grow old in thought no matter how numerous their years may be. An abstract of Dr. Lewis' paper is given below:

"At the outset he showed that what are recognized as facts in science to-day are to-morrow shown not to be facts. The facts of science have been thus progressive. Times change and the men change with them. Methods and policies that were sufficient a few years ago, if still persisted in, are seen to be pathetically inadequate to-day. We could not, if we would, change these things. It makes practically little difference what we do individually. We modify, but we cannot prevent the world's advance. The history of medicine has been a mirror of the thought of the age. As there was a time when a congress of religion would have been impossible, so there was a time when the idea of medical unity was a chimera, beautiful in theory, but out of the question as a possible reality. The medical profession of to-day is imbued with a spirit that half a century ago could not have been dreamed of.

A better habit of thought has been attained. The spirit of the age is co-operative. It recognizes the fact that twenty men working together have more than twenty times the strength of one man. In organization and co-operation is strength. One may not believe in the amalgamation of great interests, but it is going to be tried. It has long been apparent that medical co-operation was sure to come in the near future. The mental attitude of the profession made this certain. The whole question of school will ultimately be done away with, because it is unscientific. A method of medical practice is capable of demonstration or of disproof, and for a whole profession to be divided on such a point is too absurd to much longer be permitted. But demonstration or disproof are not the work of an hour, and for many years to come the members of the profession may hold different views and use various methods in their work. There is no reason, however, why the men in the profession should not meet the spirit of the times in this, as it has in other ways, and co-operate heartily in the advancement of their common interests and the solution of their common problems. It would give a strength and a dignity to the profession to be thus united that is impossible to any branch of it in a dismembered condition. A division of strength is an obstacle to the greatest achievement, and is sure to be in every branch of the world's work. Because men differ in some of the essential details of their work is no reason why they should fail to take advantage of the great union, which does not consider what this man or that believes, but only 'has he a proper medical training and the character of a gentleman?' Beyond that no man dictates to another how or upon what principles he shall do his work, because medicine has not become an exact science and will hardly become so while no two human machines are built alike.

"If all qualified medical men were to unite in one great convention, it would not only add to their own individual strength and to the working power of the whole, but it would be a step into rank that would put the whole profession into the line of progress. This is not only true, but it is going to be done. If not now, then after the waves have done their work. That which stands in the way is not difference of opinion or of practice. It is tradition; it is prejudice; it is formality; it is desire for victory. Many can see far enough into the future to realize a little of what the result will be when these are swept away. Some few will help and all the years to come will be their debtors. Because until this union is accomplished, individual men may work on scientific lines, the majority even may be true

scientists, but the profession as a whole cannot be looked upon as a scientific body while it is divided by a question of belief.

"If the time has come when it is possible for all properly equipped gentlemen to join in one organization, the failure to do this throws the burden of explanation upon those declining. It has been said by many physicians that they could not join a general medical organization because it would not grant them 'freedom of thought and practice.' If the level has been raised so high that there is no longer any question of 'What do you think?' but only 'What do you know, and what can you do?' this one insuperable obstacle to a united profession is taken away. This is a very high stand to take, and to many it will seem an altruistic one. But it is the only truly scientific position. Differences of belief have been emphasized long enough. It is now time to emphasize that which we hold in common.

"The paper was discussed briefly by Dr. George E. Gorham and Dr. Nash.

"Dr. George T. Moseley of Buffalo said in part: We should be honest with ourselves and with our school. There is hardly one of us but is using discoveries made not by ourselves, but by the other school. For years we have criticised the old school for using our methods and discoveries and not giving us proper credit. Are we not doing the same things? Let us not talk homeopathy to our patients and then go out and practice allopathy. Let us practice what we preach. When we adhere strictly to the law of *similia similibus curantur*, we can flock by ourselves and refuse to meet any other school. We will gain more than we lose by associating with others.

"Dr. A. Eugene Austin said if a student had studied three years in the new school he could not finish in the old school. But if a man studied three years in Harvard Medical College or any other first-class old-school college, we are glad to have him finish in the new school. They profess to love us, but someone has suggested that the only way to get along with them is to love them to death. He spoke of a surgeon in the navy in service in Manila, who believed in keeping everything strictly clean and sanitary on shipboard, yet he was compelled to vaccinate the soldiers with decaying pus taken from horses to ward off smallpox. He admitted that it was not scientific, but it was according to orders. He had no other course but to resign from the navy.

"Dr. Gifford of Attica said he was educated in the old school, but began the practice of homeopathy twenty years ago. A doctor of the old school who had been appointed to a position in the New York Homeopathic College was expelled from the medical societies to which he belonged. This doesn't look like love of medical unity. The situation is ideal and not practical. If we take this position now our medical so-

cieties will be disorganized. It is the old fight under a new cloak.

"Dr. Sheldon of Syracuse: Let me admonish the younger practitioners to go slow and be easy in these matters. I realize that years ago the old school did not tolerate our system or our views. When I began the practice of medicine, most of the allopathic physicians would shoot a homeopathic dog who went through their yards. Now they invite us to come in. I believe in harmony and in good, practical common sense. But I believe in the truth of homeopathy, or it would not exist to-day. I also believe it is impossible to practice homeopathy without using any of the means and methods which have been presented to the public by old-school physicians. We adopt many of their methods in our practice and it is true that their practice has been modified and they are using more and more of homeopathy than they did forty years ago. When I began the practice of medicine 37 years ago it was an unknown thing to alloy allopathic physicians to consult with homeopaths. Within the last three months I was in consultation with the present president of an allopathic medical society. This shows what an advance has been made, especially in the last hundred years. If the old school has seen in our school that which has commanded their respect, and we have seen things in their school which we use, and if they are willing to meet with us, it shows that there is something in our school which will not die and which they cannot kill. It shows that they are beginning to recognize us and the good in our school. If the old school is anxious for this union and anxious to co-operate with our body of professional men, the day will not be long when they will make greater overtures and we will have practically our own way.

"Professor H. C. Allen of Chicago: I must take exception to the remarks of Dr. Sheldon when he says we use their adjuncts and palliatives. I have no use for them. Homeopathy is good enough for me and for my patients. I get along without morphine and I do not use the hypodermic syringe. We can get along without it. I want to congratulate Dr. Lewis on his paper, which is so smooth, soft, and molasses-like that I imagined we were going to have a lot of allopathic physicians in here. Suppose we tried to get admission into official positions by taking civil service examinations and passed 100 per cent., would we be appointed to positions in competition with those of the old school who stood ten or fifteen per cent. lower? Not much. Not long ago a homeopathic physician in Utica passed the civil service examination for health officer and he stood higher than any of his competitors. Did he get the position? No. Suppose we tried to get allopathic physicians to join our society. Would we get them? Oh, no. I have known them for forty years and stood their rebuffs and insults. Would they consult with me forty years ago? No. They will do so now.

Why? Because they recognize there is something good in homeopathy. It was the allopaths of Germany who most abused Hahnemann. Let them take back some of their abuse.

"Dr. Sheldon: When I said 'we' I referred to the majority.

"Dr. Candee of Syracuse: The homeopathic school of medicine is like the Episcopal church. In one diocese there will be high church and low church, wide apart but all under the same bishop. This is quite analogous to our high potency and low potency. But in a line up or fight we should all be on the right side of the fence. The picture Dr. Lewis has painted for us is one we should carefully consider. Dr. Lewis and others have presented to us an idea of peace, progress, and brotherly love which is lovely; but we can scarcely do business on the lines laid down by Dr. Lewis. Ideals are good, but we can't use them six days in the week. We of Syracuse have been invited to participate and it is an admirable thing, but we must first be convinced of the good it carries to our side.

"Dr. Simons: I can well understand the feeling in the minds and hearts of the pioneers of homeopathy, but I must say from personal observation that I have never had anything but the most courteous and friendly treatment from members of the old school. I have never found them such wolves as some of you have been unfortunate enough to find them. The spirit of the times has changed. I believe we are fast drifting into the time, if it has not already arrived, when these line fences have been taken down, and we will be one band of scientific men and meet each other as brothers and friends.

"Dr. DeWitt G. Wilcox, Buffalo: This amalgamation has got to come sooner or later, and we can't stop it. When we adopt some of their methods, we can't separate the two schools and say one is truth and the other is error. Our school I believe is right. If our State society were injected into the State society of the old school, it would not be absorbed. I think we would be recognized with a greater degree of strength simply because we were with them. We may come in without giving up anything we believe in and do so with credit to ourselves. Our independence and intelligence will make themselves felt in time.

"As the question was only up for discussion and not for decision, and as time was pressing, it was deemed best to stop the discussion at this point. It will probably be continued, however, in the medical journals of both schools."

We have printed the speech and the discussion because we deem it of vital importance to every homeopath who has any love for the law of similia. It marks the beginning, in a public way, of what has been known privately for a good many months—that an effort was to be made to throw down the bars and meet in common with the old school. It was believed, and in some quarters alleged, that President Wood

intended to recommend the amalgamation of the homeopaths with the allopaths. His speech before the Illinois State Society was believed to point in that direction; and his annual address was listened to with keen interest by those who feared he would make that proposal. It was known that two of the Institute's former friends, and still members, had gone over to the American Medical Association; and that it was their purpose to prove to the other foxes the uselessness of tails. One of these members was not in attendance at Cleveland; the other was, and upon one occasion he succeeded in adding to the local press committee's report a dozen lines which spoke of a proposed effort to be made at amalgamation of the two schools. But the real, the public declaration was, after all, reserved for the New York Homeopathic Medical Society's arena, with F. Parke Lewis as the limelighted hero. Now the die is cast. What will you do about it, gentlemen of the homeopathic profession? Dr. Parke Lewis, with perfect candor, honesty, and sincerity, puts the question to the profession if the time has not come to lay down our sectarian title and be simply Brothers in Medicine. He believes the time has come when we must unite with the other school or be lost. He believes that it is unwise, impolitic, as well as untruthful, for the homeopaths to continue to flock by themselves; to call themselves homeopaths; when each hour of every day and night they make use of allopathic drugs, devices, and inventions.

But is anyone really surprised that this has taken place thus openly and honestly through the media of two very popular and estimable professional gentlemen and specialists? Was not the action of the American Institute at Cleveland itself in the line of harikari, in that it dismembered itself in order that the specialists might have the earth and all the fullness thereof? Will anyone—tearing himself away from loaves and fishes and good social time they had at Cleveland—ponder the action of that Institute, and note what is now left of that old Institute of the Fathers? Has it not yet dawned upon them that that was the real beginning of the end, and the *dénouement* at Utica only a feeble after-climax. It was at Cleveland that Homeopathy received that thrust under the fifth rib; and New York merely accentuates the example set. And if New York sits down patiently under this attempt, as would seem to be evident from the printed discussion, then what more is in store for us?

Are the constitution twisters and by-law confusers of the Institute now satisfied with the result of their labors at Cleveland? Dare they plead surprise that New York State follows so closely upon their heels in the dismemberment act?

Oh, yes, we are progressing at a lively rate. There are more alleged homeopathic physicians now than there were a hundred years ago—there

are also more people living now than then, notwithstanding the doctors. There are more homeopathic schools now than fifty or thirty years ago. There are more doctors graduated now than fifteen or twenty years ago. The schools have added lots and slathers of improvements, bugteriology, laboratories, and things scientific. There are more hospitals and sanitariums, and more beds in these sanitariums and hospitals. There are several new and gaudily painted ambulances with rubber tires and clangorous bells in certain cities; and there have been thus and so many allopathic students saved from the burning by being turned into good and sufficient homeopaths. And yet, there is a well-posted gentleman connected with an Eastern homeopathic pharmacy, who knows whereof he speaks, who asserts that in ten years his firm has not increased their list of homeopathic physicians on their list. Does that mean anything? Sir?

What profiteth it a school of medicine if its new men and its young men, as soon as they feel the ground under their feet, abjure, silently or publicly, the faith which was so insecurely drilled into them in the alma mater?

We also listened to that Cleveland report of how the Seceding Cleveland Sixteen went over to the allopaths. The statement was made that no one of these sixteen had gone over to the old-school college for the purpose of abjuring homeopathy, but only to add to his general medical knowledge. And that was all. Sir? The answer to this secession, as we have heard it repeatedly made, is not that an allopathic college of Cleveland, sailing in troubled waters, looking about for a class, went after these sixteen and by giving them low rates and generous times of recital caught and graduated them. It would take several colleges a year of Sundays to get H. C. Allen or Cowperthwaite or Chas. Mohr or others whom we might name, to spend a year in an allopathic college in order to add to their general medical knowledge and afterwards practice Homeopathy no longer! Is that right? Yes, sir! That's the right answer, Right Reverends and Wrong Reverends of Homeopathy to the last degree and condition—you statistics twisters and fixers. Those sixteen were not satisfied with the alleged homeopathy which had been doled out to them from two or three chairs; yea, even two of the homeopathic professors became distrustful of that which they had been teaching for years and so the whole sixteen went over into allopathy, and there they are to-day, one of them a teacher; but not one of them, so far as we can learn, practicing homeopathy,—mainly, perhaps, because they never were homeopaths, though graduated and diplomaed from homeopathic schools.

The trouble lies in the schools, gentlemen, not in Parke Lewis and De Witt Wilcox or President Wood. The commercially conducted schools of homeopathy have not been teaching honest

homeopathy. And all these glowing statistics showing the improvement in the homeopathic schools are buncombe and "punk," because, as Parke Lewis and the rest of us know, the homeopaths are few and far between; while the others who trade under its flag are not homeopaths, because they use more allopathy than they do anything else.

It is too late to hope for change in the present profession. Allopathy and eclecticism have undermined it so thoroughly that even grand old New York which has always led the procession, sits meekly and folded-handedly by and lets the disintegraters complete their work. The only hope is in the schools. Go back to the source of homeopathic education—to the schools—and let there be a turning out of the money-changers and those who have made it a den of Allopaths! There must be a sharp revision of the teaching corps, and every man thrown out, *sans ceremonie*, who is not an avowed homeopath and practicing it faithfully in his daily walk and talk. It should not be enough to simply add a knowledge of homeopathy as a post-graduate tail and then expect the tail to be the whole dog.

Several commercially conducted colleges have been making big changes in their rosters looking to a correction of this evil, and great hopes are entertained that good may come from these sources and tend to the upbuilding of the profession. But others have not yet seen the handwriting on the wall. They are still content with their century-old plan of electing professors, and their century-old manuscripts. If the schools fail us; or if the silver-dollar-professors—those who think more of a silver dollar in private practice than of their unpaid professorship, if these continue to be such unpaid professors,—then is Homeopathy indeed dead and beyond all hope of resuscitation!

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An Unfair Presentation of Facts.

This has especial reference to the demonstration of relative values of prepared foods for infants and invalids as it appears in a recent (second) edition of Dr. L. Emmett Holt's book, "Diseases of Infancy and Childhood." The book in several places is sadly contradictory and makes it appear either as if undue haste, or carelessness, or even selfishly interested motives, had governed in the preparation of its pages.

For instance, on page 162 of this book, under the heading "Infant Foods" it is stated: "It is not possible, nor even desirable for a physician to know all about the infant foods with which the market is flooded. He should, however, know at least that they are not perfect substitutes for breast milk, that as permanent foods they are greatly inferior to properly modified cow's milk, and that as often used by the laity, and even by the medical profession, they are capable of doing and have done much positive harm."

And yet further along, on the same page, occurs the following: "On the other hand, there are times when some of these preparations may be of considerable value, but chiefly for temporary use in pathological conditions. Here they are to be prescribed like drugs, but only with a very definite knowledge of exactly what they do and what they do not contain."

If we have any knowledge of English these sentences conflict with each other.

On page 163 is given a table of analyses of Nestlé's Food, Mellin's Food, Eskay's Food, Malted Milk, Ridge's Food, Imperial Granum, Lacto-preparata, and Carnrick's Food.

As these analyses show the composition of these infant foods in the dried form in which they are found in their commercial packages, before being prepared for use according to their accompanying individual directions with water alone or cow's milk and water, according to the character of the food, they may be considered as fair analyses.

But under this table is the following: "A better idea of the composition of these foods can be obtained by a study of the chart which shows the *solid ingredients* of various infant foods as compared with those of woman's milk." On this chart Woman's Milk is compared with Cow's Milk, Canned Condensed Milk, Mellin's Food, Carnrick's Soluble Food, and Imperial Granum, but in every case the composition of the infant foods is delineated as *they are in their commercial packages* which is an entirely unfair and misleading delineation for comparison with woman's milk; because Mellin's Food and Imperial Granum are foods to be used with fresh cow's milk, and when so prepared are *not* deficient in fat, as is shown on the chart. In short, the things compared are not similar.

Cyclopedia of Practical Medicine," vol v., 1900, on "Nursing and Artificial Feeding," signed by L. Emmet Holt and L. E. LeFetra. On page 224 of this book is the preceding table of analyses:

The table is described on page 223 as a "Careful comparative analytical study made of a number of the most widely known manufactured infant foods, standardizing their products as prepared *for the nursing bottle*, in accordance with directions for infants of six months, and these are compared with the analysis of mother's milk, according to Leeds."

From this table it is evident that Mellin's Food, when *prepared for the nursing bottle*, in accordance with directions, closely resembles mother's milk.

In conclusion we call attention to the following statement from "Infant Feeding in Health and Disease" by Louis Fischer, M. D., second edition, 1901, page 191. "In order to judge fairly of the nutritive value of an infant food and its resemblance to woman's milk, it is necessary to know its composition after its preparation for the nursing bottle according to the directions of its manufacturer."

We do not propose to open our editorial columns to any Infant Food fight; but this statement in Dr. Holt's book is so manifestly unfair that we have discussed it editorially.

♦ ♦

Professor Lorenz.

A newspaper picture of Professor Lorenz who invaded the sacred purlieus and Bathhouse John's precincts of Chicago to do an operation on Armour's daughter shows him to be caparisoned with an immense beard of the Sutherland Sisters length and beauty. Isn't this wrong? Thought a surgeon should be shorn of hair and beard, and his head swathed in a Mohammedan Kummerbund, in order to keep the microbes from falling over each other and out of the hair and beard into the amphitheater of operations. In other ways this distinguished stranger looks like an amiable, serene, and undignified gentleman—using the word dignity in the sense of super-consciousness of self. Fancy how some of our surgeons would conduct themselves in Germany if the like conditions should arise! Remember how some of the New York brand aired themselves and their technique, not only during the memorable McKinley fortnight, but later, also, when Edward, Rex, failed to call them in counsel; and when still later, thank God, he persisted in getting well—and all this without filling the newspapers of the civilized world with the color of his sputa, or the nauseating detail of the density and quantity of discharges from the several and respective organs of the body. And Professor Lorenz was obliged, so we learn from the daily press, to take out a license before being permitted to operate gratuitously upon some little

	Mother's Milk.	Malted Milk.	Nestlé's Milk Food.	Imperial Granum.	Mellin's Food.	Peptogenic Milk Powder
Specific gravity.....	1031.00	1025.00	1024.00	1025.00	1031.00	1032.00
Water.....	86.73	92.47	92.76	91.53	88.00	86.03
Total solid matter (by direct determination).....	13.26	7.43	7.24	8.47	12.00	13.97
Inorganic salts.....	0.20	0.29	0.13	0.34	0.47	0.26
Total albuminoids.....	2.00	1.15	0.81	2.15	2.62	2.09
Soluble albuminoids.....	2.00	1.15	0.36	1.67	2.62	2.09
Insoluble albuminoids.....		trace	0.45	0.48		
Fat.....	4.13	0.68	0.36	1.54	2.89	4.38
Milk sugar.....	6.93	1.18	0.84	2.71	3.25	7.26
Cane sugar.....			2.57			
Maltose.....		3.28	trace	trace	2.20	
Dextrin.....		0.92			0.53	
Soluble starch.....			0.44	0.58		
Starch.....			1.99	1.22		
Reaction.....	alkaline	alkaline	alkaline	alkaline	alkaline	alkaline

Again on page 164: "Others, such as Mellin's, Liebig's, and Eskay's foods are intended to be prepared with milk," Dr. Holt thus plainly admitting his full understanding that Mellin's Food is a product used to modify cow's milk. To further exhibit this fact it is only necessary to refer to a paper in "Sajous' Annual and Analytical

children in Chicago! But all this has another aspect which has dawned upon some few of the profession, and doubtlessly on all even the least thinking of the laity, namely, why couldn't an American surgeon have done the same operation? And why not, indeed, a Chicago specialist; since all good things, whether of the ministry or of the scalpel, now come from Chicago.

The Stages of a Vegetarian.

A good many Englishmen of the middle-class become impressed at some time or another in their lives by the doctrines of the vegetarians. These doctrines do not appear to make much progress in France, probably because ordinary French cooking makes larger use of "vegetables" and is more varied than English, nor in Scotland, where also the average cooking is more varied and where cereals are presented in more appetizing forms.

The ordinary English domestic lunch and dinner is meaty and monotonous—beef succeeds mutton, and mutton beef, roast, baked, or boiled, until the wearied palate is disposed to agree with Keen's footman that "it is 'igh time some noo hanimal was invented." If, at the time of life when gout, or the arthritic pains and acid dyspepsia, which are often so called, begin to disturb the even tenor of digestion, the subject is thrown into the company of an enthusiastic vegetarian, he is very likely to become a convert. Probably at first he adopts a modified diet, that of the "V.E.M.s"—vegetables, eggs, and milk. His meals are light and varied, he eats more vegetables, drinks more fluid, and though he may swallow more food in bulk, yet the previous great excess of proteids in his diet is diminished, and the relief to his overworked emunctories will produce a feeling of well-being which satisfies him that he has found one of the secrets of a happy life. But a painful disillusionment awaits him. When he begins to talk to his new-found friends of his emancipation, he finds that some of them look upon him with pity and contempt, and that he is regarded as a Mr. Facing-both-ways. He discovers that there are sects among vegetarians, and if he reads their magazines he will find that he, as a "V.E.M.," is scorned by other sects. He will be told that as a consumer of eggs and milk he has no right to the name of vegetarian, and that his proper food is cereals and pulse; porridge, carrot soup, vegetarian cutlets made of mashed peas, and vegetarian steaks of chopped beans will be recommended as agreeable and nourishing staple articles of diet. He may go very far in this way.

The hero of an amusing skit written a few years ago by a "V.E.M." held that cooking was "unnatural" gave up all meals, and supported life by munching "poultry meal" which he carried about in a paper bag in his pocket. In the story this misguided man, tempted by a friend,

went to an Italian restaurant in the Strand, ate an omelette, and lived happy ever after. Or tired by various sorts of prepared oats, and disappointed in peas "with the wind taken out" he may be led by a study of comparative anatomy, as provided by the magazines of the cult, to imitate the anthropoids on the ground that his dental formula resembles theirs. Then he becomes a fruitarian and lives on nuts and fruit. He will lunch on half a peck of apricots, and dine on a pint of nuts and a bunch of bananas. Other habits of the anthropoids he foregoes; he wears clothes as a concession to the proprieties and the climate, and retains the art of speaking—to convert his fellow men. He is a bore to his friends, an anxiety to his family, and probably spends more time in choosing, talking about, and eating his food than the greatest gourmet alive, but he is the fine flower of vegetarianism.

Book Reviews.

THE INTERNATIONAL MEDICAL ANNUAL. Being a Yearbook of Treatment and Practitioners' Index, with a vast number of prominent contributors, is before us with all its wealth of knowledge. It is now in its twentieth year, and as usual comes to us in the uniform binding and printing of E. B. Treat & Co. 241-243 West Twenty-third Street, New York, Price \$3.

This book has the merit of bringing all the very latest advances in medicine within the easy grasp of a few paragraphs handsomely illustrated, at times in colors, and accompanied by enough of letter-press to give the reader a very clear idea of the subject under discussion, and thus aiding him to a large study if he wishes to go farther. It does away with the necessity of reading through long and laboriously prepared treatises in order to find, and quickly, some few salient points, to be followed up later, if time and the case demand, with a closer knowledge. It is all presented in the form of a dictionary, following the alphabetical index. The several color prints are very fine, as are the radiographs. The volume contains nearly 700 pages and every page alive with information.

INDEX TO HOMEOPATHIC PROVINGS. By THOMAS LINDSLEY BRADFORD, M. D., Author of "Life of Hahnemann," "Homeopathic Bibliography," "Pioneers of Homeopathy," etc. Philadelphia: Boericke & Tafel.

This book has been on our table waiting a review notice for several months. It was, however, a book which did not fall into our hands very readily, being mainly a reference book, and so it failed to get into the review page until now. But what can a reviewer say of any book of Bradford's except that it is good, better, indeed, than the ordinary run of books, for Father Bradford always brings his best to the market. This book he has dedicated to Hering, the Nestor of Homeopathy. It is excellent in that it furnishes to all those who need it a quick reference book

for finding the provings upon which homeopathy is builded. It is in alphabetical order according to the names of the remedies, and is excellently arranged in the way of reading matter. The book is printed in the usual size of the B. & T. text-books, very handy for placing on a nearby shelf and ready for instant reference. It is not a large, unwieldy volume.

◆
ATLAS AND EPITOME OF OTOTOLOGY. By GUSTAV BRUHL, of Berlin, with the collaboration of Professor D. A. POLITZER, of Vienna. Edited, with additions, by S. MACCUEEN SMITH, M. D., Clinical Professor of Otolaryngology, Jefferson Medical College, Philadelphia. With 244 colored figures on 39 lithographic plates, 99 text illustrations, and 292 pages of text. Philadelphia and London; W. B. Saunders & Co., 1902. Cloth, \$3.00 net.

This excellent volume, the first attempt, to our knowledge, to supply in English an illustrated clinical hand book, to act as a worthy substitute for personal instruction in a specialized clinic, is, indeed, a magnificent addition to Saunders' Series of Medical Hand-Atlases.

The work is both didactic and clinical in its teaching, the latter aspect being especially adapted to the student's wants. A special and highly commendable feature is the very complete exposition of the minute anatomy of the ear, a working knowledge of which is so essential to an intelligent conception of the science of otology. As in all this series of atlases, the illustrations are beautifully executed in colors, and illuminate the text in a singularly lucid manner, portraying pathologic changes with such striking exactness that the student should receive a deeper and more lasting impression than the most elaborate description could produce. Further, the association of Professor Politzer in the preparation of the work, and the use of so many valuable specimens from his notably rich collection, especially enhance the value of the treatise. The work contains everything of importance in the elementary study of otology, and, without question, is a most valuable contribution to medical literature.

◆
A TEXT-BOOK OF THE SURGICAL PRINCIPLES AND SURGICAL DISEASES OF THE FACE, MOUTH, AND JAWS. For Dental Students. By H. HORACE GRANT, A. M., M. D., Professor of Surgery and of Clinical Surgery, Hospital College of Medicine; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London; W. B. Saunders & Co., 1902. Cloth, \$2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operative procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist. Still, in many other ways this book is valuable to the general practitioner and surgeon. The minute way in which the anatomy of these parts has been gone into, is certainly commendable and of sufficient value to the general practitioner to justify his purchase and study of this fine book. To be sure

the arrangement and subject matter covers the needs of the dental student without encumbering him with any details foreign to the course of instruction usually followed in dental colleges at the present time. The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman, may be called upon to perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocalness. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. For the dental student the work will be found an invaluable text-book; and, indeed, the medical beginner, also, will find its perusal of more than passing benefit.

◆
A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY. By GEORGE F. BUTLER, Ph. G., M. D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth edition, thoroughly revised. Handsome octavo volume of 896 pages, illustrated. Philadelphia and London; W. B. Saunders & Co., 1902. Cloth, \$4.00 net; Sheep or half Morocco, \$5.00 net.

This handsome book is replete with the most progressive of pharmaceutical ideas. It has added to its pages every advance made since its last appearance; giving chapters on biography, serumtherapy, and cognate subjects—or, rather, has enlarged and carefully revised these excellent chapters.

Perhaps the most important addition to this fourth edition is the chapter on the newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug-action. The profession will undoubtedly greet most cordially this new fourth edition of a work supplying the student of medicine with a clear concise, and practical text-book, adapted for permanent reference no less than for the requirements of the classroom.

◆
DIPHTHERIA. By WM. P. NORTHRUP, M. D., of New York. MEASLES, SCARLET FEVER, AND GERMAN MEASLES. By PROFESSOR DR. TH. VON JURGENSEN, Professor of Medicine in the University of Tubingen. Edited, with additions, by WILLIAM P. NORTHRUP, M. D., Professor of Pediatrics in the University and Bellevue Medical College, New York. Handsome octavo, 672 pages, illustrated, including 24 full-page plates, 3 of them in colors. Philadelphia and London; W. B. Saunders & Co., 1902. Cloth, \$5.00 net; Half Morocco, \$6.00 net.

When you come right down to it, where is there a trinity in the general practitioner's work like Diphtheria, Scarlet-fever, and Measles? These authors have gone deeply and thoroughly into this trinity, and have issued a book worthy of the best author in this field.

This volume, the third in the series of English translations of the "Nothnagel System of Practical Medicine," needs no recommendation. Professor Jurgensen and Dr. Northrup are too well known for us to expect anything but the best.

The article on Diphtheria, entirely original with the editor, is fully in keeping with the high standard set by the other German articles which comprise the work. Dr. Northrup, having been associated with Dr. O'Dwyer at every step in the perfection of intubation tubes, is particularly fitted to describe this aspect of the treatment of diphtheria.

Professor Jurgensen's monograph on Measles unquestionably is the most comprehensive contribution on that infection that has appeared, bringing out so fully the valuable Danish records of the Faroe Islands epidemic. His exposition of Scarlatina is unrivaled both for richness of clinical detail and exactness and clearness of statement. "Fourth Disease" and German Measles have been accorded spaces consistent with their importance. The editor has shown judicious decision in his extensive additions, making the work far and away the best and most up-to-date treatise of the subjects extant. The book is profusely illustrated, containing, besides a large number of text cuts, twenty-four full-page plates, three of which are in colors.

PROCEEDINGS OF THE THIRTY-SEVENTH ANNUAL SESSION OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO. Held at Columbus, May 14 and 15, 1901. Edited by the Secretary. East Liverpool: Press of Evening News Review, 1902.

This is the usual slim volume of the doings of this progressive State homeopathic society. It contains in good form the papers presented and the discussions following upon their reading. It forms a good companion to the other bound volumes of the transactions, its printing and binding being uniform and handsome.

THE TREATMENT OF FRACTURES. By CHARLES LOCKE SCUDDER, M. D., Assistant in Clinical and Operative Surgery, Harvard University Medical School; Surgeon to the Out-Patient Department, Massachusetts General Hospital. Third edition, thoroughly revised. With 645 illustrations. Philadelphia and London. W. B. Saunders & Co., 1902.

A handsome as well as an instructive book. In this newer edition the author has described several new, but not uncommon fractures. The chapter on gunshot-fractures of the long bones is especially creditable, having been secured from a careful review of the reports of surgeons in the field during recent wars. This, together with the very great assistance afforded by Mr. Makins' valuable systematic contribution to gunshot fractures, "Surgical Experiences in South Africa," has made it possible to present concisely important facts regarding fractures of bones produced by the small-caliber bullet. In this edition photographs have been introduced in place of many of the former drawings, giving the text a more realistic appearance. The chapter on Colles' Fracture is very fine and appeals to every general practitioner who has ever had a case of this common fracture to deal with. This chapter as all the others abounds with many new ideas.

The introduction of the Röntgen-ray pictures makes surgical diagnosis almost infallible. What will the profession have to startle and instruct itself with when the newer edition of this practical and withal interesting work is uttered from the famous W. B. Saunders press?

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. For Students and Practitioners, by WILLIAM NELSON MUNDY, M. D. 12mo., 631 pp., cloth, \$2.50 net. The Scudder Brothers Co., Publishers, Cincinnati, O., 1902.

To the user of the eclectic system of medicine this handsomely prepared and bound book must prove a great treasure. It is very succinct and trustworthy. In many places it is of great interest and instruction to the homeopath; for its remedies are like ours and the dose in many instances follows closely upon the homeopathic dosage. The diagnostic parts of the book are excellent because of the intelligent brevity and the rare wisdom of the selection of theme and words.

THERAPEUTICS OF DRY HOT AIR. By CLARENCE EDWARD SKINNER, M. D., LL. D., New Haven, Conn.; Professor of Thermotherapy in the New York School of Physical Therapeutics; Editor of the Department of Thermotherapy in the Journal of Advanced Therapeutics; Physician in charge of the Newhope Hot Air Sanitarium, New Haven, Conn.; Member of the American Medical Association, American Electro-Therapeutic Association, American Roentgen Ray Society, American Association for the Advancement of Science, Yale Medical Alumni Association, etc., etc. 200 pages, substantially bound in cloth. Price \$2.00. A. L. Chatterton & Co., 156 Fifth Avenue, New York.

This book is the first complete treatise that has been published upon this subject, and the only one extant. Dr. Skinner's position as Professor of Thermotherapy in the New York School of Physical Therapeutics, editor of the department of Thermotherapy in the Journal of Advanced Therapeutics, and physician in charge of the Newhope Hot Air Sanitarium, gives him exceptional opportunities for studying this increasingly important element of therapeutics, and he has carried his investigations to a point which gives hot air a commanding position in the modern management of disease. A feature of particular value in connection with the work is that hot air is considered in relation with the other therapeutical agents as well as in its own individual capacity, whereby a broad view of its true value and position is presented to the reader, and the result is the production of a surprisingly practical book for the use of physicians.

The first chapter is devoted to discussion of the different forms of apparatus and the features which are essential to each; the second deals exhaustively with the physiological action; and the third treats of technique. In the remaining seventeen chapters the different diseases in which the agent is of value are discussed in their pathological and clinical relations thereto, together with modifications of technique which are necessary or advantageous in different conditions.

Just enough pathology and symptomatology are introduced to make clear the rationale of the action of the agent, and to illustrate the advantages contingent upon its application.

Among the pathological conditions considered occur the following: Rheumatism, sprains, arthritis deformans, nephritis, local septic infection, general systemic toxæmia, pneumonia, peritonitis, varicose ulcers, nervous exhaustion, neuritis, synovitis, and joint tuberculosis. Altogether some forty-eight pathological states are mentioned as amenable to the action of hot air and discussed at greater or less length. The clinical results obtainable are clearly set forth, and the combination of electricity, drugs, etc., with hot air is noted in the section treating of each disease where experience has demonstrated its value. The text is well illustrated with full-page half-tone plates.

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LITERARY NOTES.

—We are in receipt of "The Physician's Visiting List," by P. Blakiston & Son, which List now enters upon its fifty-second successive year of publication. This is a record which tells its own story. This year two new features have been added, the pages on Incompatibility, chemic, pharmaceutic, and therapeutic, and the page on the Immediate Treatment of Poisoning. It is a very fine work, as so many physicians know, and it is a great satisfaction to know that it continues to stand in professional favor, when so many, nay, such a horde of new Visiting Lists fill the field.

—We are pleased to receive another copy of Dr. Taylor's "Physician's Account Book." This system is so well devised that it requires but one book and but one entry. It is good for any law court in the land. Buy it and try it for one year and our word for it you will not try any other. We have been using it for two years and have found it ample for all our uses.

—St. Nicholas for December comes to us in gold and colored cover, in a dress most attractive and charming. This much we have seen. We would like to speak of the "insides," but our children have already "snaked" the December issue away from us, and it will be several days before we will be permitted to "stick our nose" into its pages. But there is no need to assure our many readers of the value of this popular children's magazine—for children ranging from those in arms to those carrying other children in their arms. It is a magazine which is always good; in which the stories are timely and very apropos; which a bouncing, romping girl will read, as well as a cub of a boy, who is beginning to wear baggy pantaloons, and a skull cap on the back of his head with the class year embroidered in front. It doesn't write for masculine-girls, or sissy-boys. There are always two or three supper-

time hours when we all—the children and wife and ourself—work away at the puzzles which set all our wits to work.

—Lippincott has a story in the current issue which is of unusual excellence and is also unusually long. But the interest which begins with the first page continues to the last. It is written by a woman named Roosevelt, which might of course account for a part of the attraction, but a little reading here and there, as all editors do in the hurry of their work, soon convinces that the name of the author has nothing to do with the printing of the story. It is the story that talks. Among the poems is that one of the Girl who always feels of her belt. It is well sung and reads splendidly. Goode's pictures are fine and always to the point and in season, as, in this instance, where a turkey figured as the prime motive.

—Dr. Biggar, in "The Future of Medicine," reviewed the ground with great care, and pointed out how the Future of Medicine could be properly conserved. He recommended that the American Institute of Homeopathy appoint an Inspector of Homeopathic Colleges, whose duty it should be to inspect and investigate the various schools of homeopathy, and report his findings to the Institute. He was opposed by Dr. A. B. Schneider, who did not believe it practical to have all the schools of the same standard. Dr. Horner, however, moved that the Eastern Ohio Society recommend to the Institute the appointment of this officer, and upon vote it was carried.

Globules.

—Dr. V. H. Hallman has removed his offices to Rooms 205, 206, 207 Arkansas National Bank Building, Hot Springs, Ark., where he will be pleased to receive any patients sent to him by his many professional friends throughout the United States.

—The Fifty-ninth Semi-annual Meeting of the Eastern Ohio Homeopathic Medical Society was held at Canton, O., October 30, with a long list of excellent papers by excellent and famous people. We note with great sorrow, for we loved him dearly, the announcement of the death of Dr. C. E. House of that city. Among the speakers were Drs. H. F. Biggar, *père et fils*, the former with "The Future of Medicine," the latter with a report of two cases of "Hyperæmization of Sclerotic Organs." Dr. N. T. B. Nobles, one of Cleveland's rapidly rising young men, "A plea for the correct diagnosis of Ectopic Pregnancy." Dr. W. T. Miller, of Cleveland, "Vaccination." Drs. Katharine Kurt, Kapp, Brooks, Warren, and Church each had interesting and instructive papers. This society has always borne the merit of being an enthusiastic body of people; just large enough

to know each other personally; unselfish enough not to care a hill of yellow beans for political preferment; too large to measure everything with a college yardstick; and homeopathic enough to think seriously of the threatened decadence of the school.

—The Executive Committee of the American Institute of Homeopathy, after careful investigation and consideration, has decided that the best interests of the Institute will be served by holding the session of 1903 at Boston, with the Hotel Somerset as headquarters.

This arrangement, the Committee is confident, will afford the most satisfactory accommodations and the greatest facilities that it is possible to obtain. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham, and the Lenox. The Somerset is the most select non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of \$2.50 per day. The hotel offers a special table d'hôte menu of breakfast, 60 cents; luncheon, 65 cents; dinner, \$1.50. At the Nottingham the rates are \$1.00 per person per room, with meals à la carte, at reasonable prices. At the other hotels named first-class accommodations can be secured at prices ranging between these two. The Somerset can take care of six hundred, and the six hotels named can care for an aggregate of eighteen hundred guests, which is seen to be ample for the demands of the occasion.

The session will be held the week of June 22 to 27, 1903.

—The marvelous, even though well deserved, popularity of Mumm's Champagne is shown in the quantity imported, running up into the millions in excess of any other kind in the last half decade of years.

—Dr. E. C. Williams is doing a fine business at Hot Springs, Va., with specialty of lithæmic conditions. He makes the novel and commendable departure of adding to his name in his business card "Member A. I. H." More power to him, so say we all of us!

—Dr. C. T. Haines of Utica, who was Chairman of the Committee of Arrangements for the recently convened and adjourned semi-annual meeting of the New York State Homeopathic Medical Society, was made the recipient of a fine umbrella, the gift of the exhibitors at the meeting. Dr. Haines proved to be the right man in the right place, and to him was due in great part the success of the meeting.

—We have learned with some surprise that one of the homeopathic pharmacies of the East had made an effort to be represented in the Exhibit Department of the Cleveland Institute meeting; indeed, had gone to the expense of sending a consignment of goods here, but were compelled

to return them because, as they allege, of the excessive charges for such exhibit space. This firm very justly adds that an homeopathic Institute ought to be especially kind to homeopathic pharmacies, and to bear in mind that they cannot very easily compete with mineral waters, Dietetic Foods, patents, and the like. Although of the Local Committee we have not heard this before; had it come to us, we assure the firm something would have been done to remedy the apparent injustice.

—The editorial remarks of our eloquent brother Halbert of The Clinique touching the exceeding simplicity with which the average doctor is attacked occasionally, when gold-brick men get on his trail, are well conceived and graphically portrayed. Only within the month a very fine fellow, physician and so forth, of our city, made application in bankruptcy because the stockholders in his Texas Oil Field Scheme were laying injunction suits against his other businesses in an endeavor to save their oil stock. Now there isn't a word of unwholesome criticism to be alleged against this doctor; for, so far as he knew and could foresee, he was strictly honest and conducted his business upon an honorable plan. But something happened in Texas. It was the usual thing. And the stock "busted." We agree with Bro. Halbert that the probabilities are overwhelming that not one of the doctors who took of the gilt-edged stock gave more than a moment's study to the case; leaving everything to the wisdom of the chief doctor who had solicited their money. But, notwithstanding the honesty of this gentleman, and his good intentions, this scheme has gone "dead," and the money put into it by the friends he solicited and who gave him of their earnings upon his representations, is lost. What consolation is there in the fact that the loss was an honest one? It could not have caused more disappointment and unhappiness had the chief promoter been the greatest rascal. We join with Editor Halbert, as we have frequently said before, that a doctor should stick to his last and leave all speculative schemes severely alone. Even pharmaceutical companies which promise twenty per cent. dividends, whose stock, according to their veracious advertisements, is better than a government bond, are unsafe. Any concern handling money, unless it is a pawn shop or an allied industry, which promises more than four per cent. interest, is safe to be turned down.

—It is to the advantage of every physician wishing to get the best articles of interest to the profession (gratis) to send his card to Business Address Co., 9 Barclay Street, New York.

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.

AN INFANT'S FOOD

AS a basis for preparing a substitute for human milk, it is agreed by authorities that Fresh Cow's Milk must be used.

Fresh milk contains the antiscorbutic element.

Sterilized, condensed, dried or desiccated milk does not contain it.

The addition of

MELLIN'S FOOD

to fresh milk is simply for modification.

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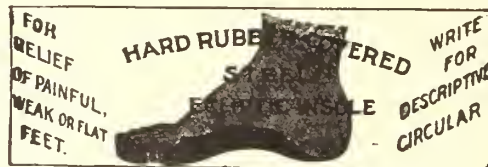
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Medical Progress

Scrofulous Adenitis.

BY CHARLES W. M'INTYRE, M. D.,

New Albany, Ind.

It will require no argument at my hands to show the importance of scrofulous adenitis.

In many cases this is the first outcropping of scrofula and is therefore a danger signal which calls to our attention the importance of instituting correct treatment. In this connection it is pertinent to quote a paragraph from Professor Lockwood.* He says:

"Scrofula is tubercle, and the ætiology of scrofula is therefore that of other tubercular infection.

"Tubercular infection of lymphatic glands is favored by previous adenitis, so that children with catarrhal inflammations of the mucous membranes that excite an adenitis of the neighboring lymphatic glands seem to be especially subject to subsequent lymphatic tuberculosis."

The first appearance of enlarged cervical glands, or other glands of the body associated with symptoms of scrofula or family history that is bad, should be treated by the attending physician with the most serious attention, since our possibilities of establishing a cure to a large extent depend upon correct and prompt treatment.

These cases, if allowed to run on without treatment, not only lead to the undermining of the general health by the spread of the tuberculous process, but the glands go on to suppuration or permanent enlargement and induration, and the consequent deformity is often so great as to make the unhappy patient a pitiable object.

I have in mind now a girl with an attractive face who had the glands of the neck to go on to suppuration. These had to be lanced, and she now has the most ugly and repulsive scars. This is only one of many cases I have seen, and I am sure other physicians can recall many similar ones. I recall now a boy about fourteen years of age, who has greatly enlarged cervical glands. These glands are enlarged and indurated, and

produce such great deformity in the boy's appearance as to cause the passers on the street to stare at him. These cases, too, are very common, the practitioner, in fact, sees them almost every day.

We, as physicians, owe it to our patients and to ourselves to make the statement to the parents of these unfortunate sufferers that the results which come from these cases will be of a dire character, and urge upon them the value of undergoing correct treatment.

In taking a case of scrofulous adenitis in hand we have two general indications to meet. The first concerns us with local measures, and the second with those agents which correct the constitutional dyscrasia upon which the adenitis is dependent.

The prevention of suppuration and the removal of the hyperplasia are the two ends to be attained by local treatment. Of course local treatment will in all cases end in deplorable failure unless constitutional remedies are begun at the same time and are persisted in. Painting the surface of the inflamed glands with tincture of iodine is often efficacious. But all agents which greatly irritate the skin must be avoided. When it is manifestly impossible to obtain resolution and suppuration is manifest, then nothing is better than to open the gland freely and treat it as an abscess.

The most important of the treatment consists in the exhibition of those remedies which correct the constitutional dyscrasia. By far the most valuable single remedy I have ever employed in the treatment of scrofulous adenitis is Maltzyme with Cod Liver Oil. It contains twenty-five per cent. of cod liver oil of the best quality along with that most valuable diastatic nutrient Maltzyme. This agent increases the appetite and digestion of these patients and they commence in a very short while to take on additional flesh, and the disease process speedily loses its activity. Cod liver oil alone will fail to bring the results we can get from Maltzyme with Cod Liver Oil. It is a combination prepared by the best chemists from material of select character, and can therefore be depended upon with the greatest confidence.

* Lockwood's "Practice of Medicine," p. 733.

Having given it a thorough trial, I have found it always efficacious, and the patients all found it palatable. I give it to an adult in doses of a tablespoonful four times daily and to children in proportionate doses. Liberal dosage is advised in all cases, since no harm can result from the remedy, but on the other hand nutrition is advanced by the increased dosage.

A., age twelve. This little boy was brought to me from the country for treatment. He had a purulent discharge from his left ear, and this was associated with enlarged cervical glands. These glands had been growing larger gradually for the past six months. The boy gave a history of tuberculosis, his father and mother both having died of tuberculosis. I had the glands painted three times daily with iodine and internally he took Maltzyme with Cod Liver Oil. This patient took the remedy in all about two months, and at the end of this time he had gained greatly in flesh, had a healthy complexion, and good appetite and digestion. His cervical glands had resumed their normal size, and he had no discharge from the ear. I saw this boy a short while since and was told by him and his grandmother that he had no further trouble, and was in vigorous health.

B., age fourteen. This girl had had a gland of the neck to suppurate, and now one gland on the opposite side of her neck was enlarging. Her family history was scrofulous. She was pale, anæmic, and had a poor appetite and digestion. Iodine was painted over the neck twice daily and Maltzyme with Cod Liver Oil was given four times daily. On this treatment my patient made speedy improvement and gained flesh with rapidity. After four weeks she had no cervical enlargement and was greatly improved in flesh and was well.

M., age sixteen. This was a pale, lean, scrofulous girl, with slightly enlarged glands of the right side of the neck. One on the right side, having recently risen and had been opened. Patient's family history was bad, and she was greatly discouraged. She was treated with local applications of iodine over the glands and given Maltzyme with Cod Liver Oil internally. On this treatment she rallied and the glands speedily went down, and the patient now presents the appearance of an entirely healthy girl.

N., age fifteen. This boy had inflammation of several glands, had a tuberculous history, and was slightly anæmic and poorly nourished. I kept this patient on Maltzyme with Cod Liver Oil for three months, and at the end of this time

he was getting on well, having no glandular inflammation or enlargement, and he now had gained flesh greatly and had a good appetite and digestion.

♦

*Observations on Anaesthesia of the Drum Membrane.**

BY GEO. B. M'AULIFFE, A. B., M. D.

The majority of clinicians do not believe in trying to obtain local anaesthesia of the membrana tympani. Their deductions have been drawn in the main from the futility of using cocaine for this purpose in the external auditory meatus. It is but rational to believe that nature protects the tympanic cavity from the effects of fluids dropped by chance or design into the external canal. This protection is given by the dermal layer of the drum membrane—a skin without glandular action or hair, acting only as a shield for the layers beneath.

Various preparations like menthol, carbolic acid, and cocaine, depending for their action principally on the carbolic acid, have been tested and more or less success reported. I do not believe that the anaesthesia obtained by this class of cauterants is ever complete.

Fluids which disturb the osmotic equilibrium of the drum membrane and produce minute solutions of continuity in the dermal layer, thereby allowing cocaine or its succedanea to reach the nerve filaments are the best we have at present for use in the external canal.

The conditions favoring this application of cocaine are: (1) The removal of foreign substances from loose scales from the drum membrane and canal. (2) Dehydration of the outer layers of the membrane—a desiccation which causes molecular contraction and interstices through which the anaesthetic can reach the deeper parts and nerve terminations. (3) The induction of endosmosis. The first condition is met by the use of hydrozone, which is stronger and better than any other kind of H₂ O₂ preparation in softening and boiling out the debris of the canal and in lessening the resistance of the dermal layer. The hydrozone is subsequently mopped out by cotton applicators or syringed from the canal. The second and third conditions are met by the use of alcohol and aniline oil. The latter is absorbed more slowly and its effects last longer than the former. The solutions used are five per cent. to twenty per cent. of cocaine in equal parts of absolute alcohol and aniline oil. Anaesthesia

* Read before the American Otological Society.

is gained in ten to fifteen minutes. The disadvantage of the solution is that the aniline oil is toxic and obscures the field. The external canal is generally filled to insure osmotic instability and certainty of penetration. The toxicity can in a great measure be prevented by not filling the canal, but by applying to the drum membrane a small wad saturated with the solution and by making only one application. The obscuration of the field by the dark oil will then be less and the solution can be more easily mopped away.

For the last six years I have experimented desultorily with tubal injections of cocaine to desensitize the drum membrane. I have tried fractional experiments, applying the anæsthetic to the pharyngeal orifice to the cartilaginous portion and to the deeper surface of the tube and to the drum cavity by means of a Weber-Liol catheter or a virgin silver modification. I have come to the conclusion that the Eustachian tube is the only channel through which local anæsthesia can be best obtained.

In the embryo seven-eighths of an inch long, the drum membrane is represented by connective tissue, bounded below by the external canal which forms its skin covering and bounded above by the Eustachian tube which forms its mucous covering.

From this embryological formation and from the identity of nerve supply we find the reason for the fact that anæsthesia of the deeper portions of the tube will produce anæsthesia of the drum cavity and membrane. It may seem like begging the question to state this, but my trials have forced this home to my mind. I do not believe that the five or six minims I blow into the tube are sprayed by the Politzer bag into the tympanic cavity. I think that absorption of the cocaine by the tubal mucous membrane affects the drum and membrane intermediately and by reason of continuity of structure. The fact that cocaine anæsthesia has a field of action about one inch from the spot to which it is applied would likewise bring the tympanic membrane within the area of tubal anæsthesia.

Unfortunately the lymphatic system of the ear is not well known. If I may be allowed to digress I think that the production of acute otitis media might be explained more by the theory of absorption from the tubal focus or of continuity of structure than by the mechanical one (sometimes urged) of septic matter blown through the tube into the tympanic cavity.

After having forced the cocaine solution into the tube, I have found that in a short time—a time varying in length according to the amount of vascularity present—probing the different areas of the dermal surface of the membrane would occasion little or no distress.

My observations with this method of comparative sensibility do not coincide with those of Dr. Blake, who finds that the areas of the membrane from below upwards and from the umbo backwards increase in movement, vascularity, and pain. I have sometimes found a trifle of sensibility at the lower margin of the membrane, and at the region of the stapes entire absence of any but tactile sensation.

These facts and observations on atrophic drums have shown me that the dermal layer need not be considered in local anæsthesia of the membrane and does not play so great a part in sensation as the mucous layer since palpation of the skin surface does not elicit pain, although it reaches only mucous membrane. 2d. That the pain in palpation does not result from the local impact, but from the excitation of the whole sensory apparatus of the tympanic cavity induced no doubt by the sudden abnormal inward movement of the drug contents. 3d. That the pain of incision depends on the pressure made on the drum membrane by the knife as much as on the cutting. 4th. That the incision should consequently be made with the minimum of inward pressure and with as sharp and as thin a knife as practicable. This explains why incision in the membrane is made so much easier by the use of the Graefe knife than by the poor knives made especially for the work—knives whose smallness of blade precludes sharpness of edge. 5th. That in order to produce the best results in this method of anæsthesia isotonic or iso-osmotic solutions of cocaine should be used in order to avoid œdematization of the tube and subsequent transient otitis media.

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